

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805052

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003928

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MICHAEL A PRIEBE
C/O DIANE PRIEBE
234 HAVENWOOD DRIVE
WINSTON SALEM, NC 27127-9050

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$116.25

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/23/2016	(16003590) PERIOD ORTHO TX INSTALLMENT	116.25			\$116.25
10/25/2016	(16003754) PERIOD ORTHO TX INSTALLMENT	116.25	116.25		\$0.00
10/28/2016	VISA: \$116.25 Applied to: 16003754				
11/23/2016	VISA: \$116.25 Applied to: 16003928				
11/28/2016	(16003928) PERIOD ORTHO TX INSTALLMENT	116.25	116.25		\$0.00

PAY THIS AMOUNT

\$116.25

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 805028

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003905

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KATIE J QUIGGLE
C/O JENNIFER QUIGGLE
5885 COTTONWOOD LN
WINSTON-SALEM, NC 27103

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$330.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/25/2016	(16003731) PERIOD ORTHO TX INSTALLMENT	165.00			\$165.00
11/28/2016	(16003905) PERIOD ORTHO TX INSTALLMENT	165.00			\$165.00

PAY THIS AMOUNT

\$330.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Account No: 800518

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003890

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JOSHUA K ELLIS
3720 BEESON DAIRY RD
WINSTON-SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$146.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/25/2016	(16003716) PERIOD ORTHO TX INSTALLMENT	73.00			\$73.00
11/28/2016	(16003890) PERIOD ORTHO TX INSTALLMENT	73.00			\$73.00

PAY THIS AMOUNT

\$146.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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www.wsdentalcare.com

Account No: 805156

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004009

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MORGAN L HILL
C/O VICKIE HILL
2804 FRIEDLAND CHURCH RD
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$82.50

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004009) PERIOD ORTHO TX INSTALLMENT	82.50			\$82.50

PAY THIS AMOUNT

\$82.50

For questions about your orthodontics bill,
Please call (336) 331-3632

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Account No: 805095

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003961

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BRANDON G LILLY
C/O ROBERT LILLY
1055 STERLING POINT DR
KING, NC 27021

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$125.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003961) PERIOD ORTHO TX INSTALLMENT	125.00			\$125.00

PAY THIS AMOUNT

\$125.00

For questions about your orthodontics bill,
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Account No: 805020

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003898

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MILES D BURKEY
C/O KEVIN BURKEY
1324 ROBINHOOD FOREST DR
PFAFFTOWN, NC 27040

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$25.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
02/23/2016	(16002501) Amount Not Covered By Insurance (Claim #	25.00			\$25.00
03/08/2016	Credit Card Draft: \$80.00 Applied to: 16002608				
03/28/2016	(16002608) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
04/05/2016	Credit Card Draft: \$80.00 Applied to: 16002760				
04/26/2016	(16002760) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
05/05/2016	VISA: \$80.00 Applied to: 16002929				
05/23/2016	(16002929) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
06/06/2016	Credit Card Draft: \$80.00 Applied to: 16003086				
06/24/2016	(16003086) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
07/05/2016	Credit Card Draft: \$80.00 Applied to: 16003239				
07/25/2016	(16003239) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
08/05/2016	Credit Card Draft: \$80.00 Applied to: 16003405				
08/25/2016	(16003405) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
09/09/2016	Credit Card Draft: \$80.00 Applied to: 16003560				
09/23/2016	(16003560) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
10/05/2016	Credit Card Draft: \$80.00 Applied to: 16003724				
10/25/2016	(16003724) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00
11/08/2016	Credit Card Draft: \$80.00 Applied to: 16003898				
11/28/2016	(16003898) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00

PAY THIS AMOUNT

\$25.00

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Account No: 805072

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003943

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

LESLIE J HOLLEY
C/O LISA BEASLEY
7550 DENNIS RD
WALNUT COVE, NC 27052

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$352.75

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
02/23/2016	(16002491) Amount Not Covered By Insurance (Claim #	47.75			\$47.75
03/09/2016	Bank Draft: \$91.00 Applied to: 16002657				
03/28/2016	(16002657) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
04/06/2016	Bank Draft: \$91.00 Applied to: 16002808				
04/26/2016	(16002808) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
05/06/2016	Bank Draft: \$91.00 Applied to: 16002977				
05/23/2016	(16002977) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
06/07/2016	Bank Draft: \$91.00 Applied to: 16003135				
06/24/2016	(16003135) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
07/06/2016	Bank Draft: \$91.00 Applied to: 16003287				
07/25/2016	(16003287) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
08/08/2016	Bank Draft: \$91.00 Applied to: 16003454				
08/16/2016	(16003345) Amount Not Covered By Insurance (Claim #	113.75	75.00		\$38.75
08/16/2016	(16003346) Amount Not Covered By Insurance (Claim #	113.75	75.00		\$38.75
08/16/2016	(16003347) Amount Not Covered By Insurance (Claim #	113.75			\$113.75
08/16/2016	(16003348) Amount Not Covered By Insurance (Claim #	113.75			\$113.75
08/25/2016	(16003454) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
09/07/2016	Bank Draft: \$166.00 Applied to: 16003345,16003608				
09/23/2016	(16003608) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
10/06/2016	Bank Draft: \$166.00 Applied to: 16003346,16003772				
10/25/2016	(16003772) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00
11/10/2016	Bank Draft: \$166.00 Applied to: 16003943				
11/28/2016	(16003943) PERIOD ORTHO TX INSTALLMENT	91.00	91.00		\$0.00

PAY THIS AMOUNT

\$352.75

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805026

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003903

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ADAM M POE
C/O MICHAEL POE
6390 BISHOP RIDGE LN
RURAL HALL, NC 27045

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$93.75

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003903) PERIOD ORTHO TX INSTALLMENT	93.75			\$93.75

PAY THIS AMOUNT

\$93.75

For questions about your orthodontics bill,
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www.wsdentalcare.com

Account No: 805161

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004013

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BRADLEY MAYER
C/O WILLIAM F MAYER
1270 CRESCENT MEADOW DR
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$58.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004013) PERIOD ORTHO TX INSTALLMENT	58.00			\$58.00

PAY THIS AMOUNT

\$58.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805037

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003914

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

DANIEL A FULP
5040 LIBERTY HALL CIR
WINSTON SALEM, NC 27106-6266

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$111.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
07/22/2016	MasterCard: \$705.00 Applied to: 16003914				
11/28/2016	(16003914) PERIOD ORTHO TX INSTALLMENT	143.00	32.00		\$111.00

PAY THIS AMOUNT

\$111.00

For questions about your orthodontics bill,
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Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802349

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003866

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CHLOE M JENKINS
% JODY JENKINS
130 SCOTT HOLLOW DR
WINSTON-SALEM, NC 27103

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$137.50

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003866) PERIOD ORTHO TX INSTALLMENT	137.50			\$137.50

PAY THIS AMOUNT

\$137.50

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 800951

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003869

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ELIZABETH MENDEZ
EDGAR MENDEZ
4850 MURRAY RD LOT 10
WINSTON-SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$115.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003869) PERIOD ORTHO TX INSTALLMENT	115.00			\$115.00

PAY THIS AMOUNT

\$115.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 800514

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003888

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

COLTON R CRAVER
C/O JILL CRAVER
203 NIFONG RD
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$81.25

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003888) PERIOD ORTHO TX INSTALLMENT	81.25			\$81.25

PAY THIS AMOUNT

\$81.25

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805111

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003973

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KENSLEA L CALIFF
C/O JENNIFER CALIFF
7612 SEDGEWICK RIDGE RD
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$80.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003973) PERIOD ORTHO TX INSTALLMENT	80.00			\$80.00

PAY THIS AMOUNT

\$80.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 802734

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003874

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

DARRIEN MARTIN
DERRICK MARTIN
2345 WAVERLY CROSSING RD
WINSTON-SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$79.83

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/25/2016	(16003373) PERIOD ORTHO TX INSTALLMENT	79.83			\$79.83
09/09/2016	Credit Card Draft: \$79.83 Applied to: 16003528				
09/23/2016	(16003528) PERIOD ORTHO TX INSTALLMENT	79.83	79.83		\$0.00
10/05/2016	Credit Card Draft: \$79.83 Applied to: 16003697				
10/25/2016	(16003697) PERIOD ORTHO TX INSTALLMENT	79.83	79.83		\$0.00
11/08/2016	Credit Card Draft: \$79.83 Applied to: 16003874				
11/28/2016	(16003874) PERIOD ORTHO TX INSTALLMENT	79.83	79.83		\$0.00

PAY THIS AMOUNT

\$79.83

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805065

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003938

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KELSEY ELLIS
C/O JULIE ELLIS
3720 BEESON DAIRY RD
WINSTON SALEM, NC 27105-9778

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$146.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/25/2016	(16003766) PERIOD ORTHO TX INSTALLMENT	73.00			\$73.00
11/28/2016	(16003938) PERIOD ORTHO TX INSTALLMENT	73.00			\$73.00

PAY THIS AMOUNT

\$146.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805030

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003907

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

FELICITY FRISBIE
4436 GUMTREE RD
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$144.92

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
06/20/2016	Credit Card Draft: \$62.50 Applied to: 16003095				
06/24/2016	(16003023) Amount Not Covered By Insurance (Claim #	72.46			\$72.46
06/24/2016	(16003024) Amount Not Covered By Insurance (Claim #	72.46			\$72.46
06/24/2016	(16003095) PERIOD ORTHO TX INSTALLMENT	62.50	62.50		\$0.00
07/20/2016	Credit Card Draft: \$62.50 Applied to: 16003248				
07/25/2016	(16003248) PERIOD ORTHO TX INSTALLMENT	62.50	62.50		\$0.00
08/22/2016	Credit Card Draft: \$62.50 Applied to: 16003414				
08/25/2016	(16003414) PERIOD ORTHO TX INSTALLMENT	62.50	62.50		\$0.00
09/20/2016	Credit Card Draft: \$62.50 Applied to: 16003569				
09/23/2016	(16003569) PERIOD ORTHO TX INSTALLMENT	62.50	62.50		\$0.00
10/20/2016	Credit Card Draft: \$62.50 Applied to: 16003733				
10/25/2016	(16003733) PERIOD ORTHO TX INSTALLMENT	62.50	62.50		\$0.00
11/22/2016	VISA: \$62.50 Applied to: 16003907				
11/28/2016	(16003907) PERIOD ORTHO TX INSTALLMENT	62.50	62.50		\$0.00

PAY THIS AMOUNT

\$144.92

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805127

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003986

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

GWENYTH J DIXON
C/O RACQUEL JONES
5515 HIGHLAND TRACE CT
WINSTON-SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$93.75

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003986) PERIOD ORTHO TX INSTALLMENT	93.75			\$93.75

PAY THIS AMOUNT

\$93.75

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805144

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004000

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ISABELLE MARSHALL
C/O KIMBERLY MARSHALL
1160 ERIC SHELTON RD
WESTFIELD, NC 27053-7328

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$93.75

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004000) PERIOD ORTHO TX INSTALLMENT	93.75			\$93.75

PAY THIS AMOUNT

\$93.75

For questions about your orthodontics bill,
Please call (336) 331-3632

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201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 800505

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003884

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ULRICK MCDUGALD
1601 PARK TERRACE LN
WINSTON SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$100.50

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$100.50 Applied to: 16003884				
11/28/2016	(16003884) PERIOD ORTHO TX INSTALLMENT	201.00	100.50		\$100.50

PAY THIS AMOUNT

\$100.50

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805039

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003916

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CIARRA MCCLOUD
407 NEW STREET
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$214.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/25/2016	(16003742) PERIOD ORTHO TX INSTALLMENT	214.00			\$214.00
11/08/2016	Credit Card Draft: \$214.00 Applied to: 16003916				
11/28/2016	(16003916) PERIOD ORTHO TX INSTALLMENT	214.00	214.00		\$0.00

PAY THIS AMOUNT

\$214.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802053

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003881

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ALLY M HODGES
JEREMY HODGES
8029 GLENGARRIFF ROAD
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$252.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/25/2016	(16003387) PERIOD ORTHO TX INSTALLMENT	126.00			\$126.00
09/23/2016	(16003542) PERIOD ORTHO TX INSTALLMENT	126.00	126.00		\$0.00
09/30/2016	VISA: \$200.00 Applied to: 16003542				
10/25/2016	(16003707) PERIOD ORTHO TX INSTALLMENT	126.00	126.00		\$0.00
11/04/2016	VISA: \$576.00 Applied to: 16003707				
11/28/2016	(16003881) PERIOD ORTHO TX INSTALLMENT	126.00			\$126.00

PAY THIS AMOUNT

\$252.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805139

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003996

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SOPHIA BROOKS
C/O BILLY BROOKS
211 BYERLY ST
MT AIRY, NC 27030

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$136.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/24/2016	(16003684) NSF Fee	35.00			\$35.00
10/25/2016	(16003828) PERIOD ORTHO TX INSTALLMENT	38.00			\$38.00
11/07/2016	(16003852) DDT Amount Not Covered By Insurance	25.00			\$25.00
11/28/2016	(16003996) PERIOD ORTHO TX INSTALLMENT	38.00			\$38.00

PAY THIS AMOUNT

\$136.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 800516

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003889

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JORDEN M COBBINS
C/O SHENITA COBBINS
PO BOX 4266
WINSTON SALEM, NC 27115

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$100.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/23/2016	(16003551) PERIOD ORTHO TX INSTALLMENT	100.00			\$100.00
10/05/2016	Credit Card Draft: \$50.00 Applied to: 16003715				
10/20/2016	Credit Card Draft: \$50.00 Applied to: 16003715				
10/25/2016	(16003715) PERIOD ORTHO TX INSTALLMENT	100.00	100.00		\$0.00
11/08/2016	Credit Card Draft: \$50.00 Applied to: 16003889				
11/22/2016	VISA: \$50.00 Applied to: 16003889				
11/28/2016	(16003889) PERIOD ORTHO TX INSTALLMENT	100.00	100.00		\$0.00

PAY THIS AMOUNT

\$100.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
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Account No: 805142

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003998

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CLOE D MARSH
C/O HEATHER MARSH
245 SHALLOW POND LN
MOUNT AIRY, NC 27030

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$183.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/21/2016	(16003860) Amount Not Covered By Insurance (Claim #	25.00			\$25.00
11/28/2016	(16003998) PERIOD ORTHO TX INSTALLMENT	158.00			\$158.00

PAY THIS AMOUNT

\$183.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 805049

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003925

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MORGAN CHILDS
C/O YOLANDA CHILDS
3537 THORNABY CIR
WINSTON SALEM, NC 27107-5600

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$276.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/16/2015	VISA: \$116.00 Applied to: 15001592				
09/28/2015	(15001592) INITIAL ORTHO TX INSTALLMENT	116.00	116.00		\$0.00
10/21/2015	Bank Draft: \$138.00 Applied to: 15001770				
10/28/2015	(15001770) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
11/20/2015	Bank Draft: \$138.00 Applied to: 15001970				
11/23/2015	(15001970) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
12/21/2015	Bank Draft: \$138.00 Applied to: 15002124				
12/21/2015	(15002124) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
01/21/2016	Bank Draft: \$138.00 Applied to: 16002284				
01/21/2016	(16002284) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
02/23/2016	Bank Draft: \$138.00 Applied to: 16002453				
02/23/2016	(16002453) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
03/23/2016	Bank Draft: \$138.00 Applied to: 16002636				
03/28/2016	(16002636) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
04/21/2016	Bank Draft: \$138.00 Applied to: 16002787				
04/26/2016	(16002787) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
05/23/2016	Bank Draft: \$138.00 Applied to: 16002956				
05/23/2016	(16002956) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
06/21/2016	Bank Draft: \$138.00 Applied to: 16003113				
06/24/2016	(16003113) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
07/22/2016	Bank Draft: \$138.00 Applied to: 16003266				
07/25/2016	(16003266) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
08/23/2016	Bank Draft: \$138.00 Applied to: 16003432				
08/25/2016	(16003432) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00

09/23/2016	(16003587) PERIOD ORTHO TX INSTALLMENT	138.00	138.00	\$0.00
10/06/2016	Bank Draft: \$138.00 Applied to: 16003587			
10/25/2016	(16003751) PERIOD ORTHO TX INSTALLMENT	138.00		\$138.00
11/28/2016	(16003925) PERIOD ORTHO TX INSTALLMENT	138.00		\$138.00

PAY THIS AMOUNT

\$276.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805178

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004019

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ZACKERY ROYALL
C/O JENNIFER ROYALL
499 HIGH ROCK SHORES DR
LEXINGTON, NC 27292-6458

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$51.50

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004019) INITIAL ORTHO TX INSTALLMENT	51.50			\$51.50

PAY THIS AMOUNT

\$51.50

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802853

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003867

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SHANNON MITCHELL
4831 COBBLE CREEK CIRCLE
UNIT E
WINSTON-SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$139.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/25/2016	(16003360) PERIOD ORTHO TX INSTALLMENT	139.00			\$139.00
09/23/2016	(16003519) PERIOD ORTHO TX INSTALLMENT	139.00	139.00		\$0.00
09/30/2016	VISA: \$278.00 Applied to: 16003519				
10/20/2016	Credit Card Draft: \$139.00 Applied to: 16003689				
10/25/2016	(16003689) PERIOD ORTHO TX INSTALLMENT	139.00	139.00		\$0.00
11/23/2016	VISA: \$139.00 Applied to: 16003867				
11/28/2016	(16003867) PERIOD ORTHO TX INSTALLMENT	139.00	139.00		\$0.00

PAY THIS AMOUNT

\$139.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805107

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003970

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

EMILY SMITH
C/O LAURA SMITH
825 ERNEST SNIDER RD
LEXINGTON, NC 27292-9429

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$125.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003970) PERIOD ORTHO TX INSTALLMENT	125.00			\$125.00

PAY THIS AMOUNT

\$125.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803016

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003870

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KARLEY JESSUP
BRADLEY JESSUP
2570 ASBURY RD
MT AIRY, NC 27030

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$172.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/25/2016	(16003692) PERIOD ORTHO TX INSTALLMENT	86.00			\$86.00
11/28/2016	(16003870) PERIOD ORTHO TX INSTALLMENT	86.00			\$86.00

PAY THIS AMOUNT

\$172.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803017

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003871

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KAYLA L JESSUP
BRADLEY JESSUP
2570 ASBURY RD
MT AIRY, NC 27030

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$172.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/25/2016	(16003693) PERIOD ORTHO TX INSTALLMENT	86.00			\$86.00
11/28/2016	(16003871) PERIOD ORTHO TX INSTALLMENT	86.00			\$86.00

PAY THIS AMOUNT

\$172.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805140

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003997

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

NASION C JOHNSON
C/O KATINA JOHNSON
1340 WOODRUFF GLEN DR
WINSTON SALEM, NC 27105-4965

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$114.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003997) PERIOD ORTHO TX INSTALLMENT	114.00			\$114.00

PAY THIS AMOUNT

\$114.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805133

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003991

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

AMYA NELSON
C/O AQUILLA NELSON
152 BROOKHILL PARK CT
RURAL HALL, NC 27045-9634

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$116.25

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003991) PERIOD ORTHO TX INSTALLMENT	116.25			\$116.25

PAY THIS AMOUNT

\$116.25

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 800502

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004011

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MAKAYLA JACOBS
C/O RENEE JACOBS
1612 CRATER LANE
YADKINVILLE, NC 27055

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$108.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004011) PERIOD ORTHO TX INSTALLMENT	108.00			\$108.00

PAY THIS AMOUNT

\$108.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805038

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003915

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MATTHEW COTNER
730 BETHANIA RURAL HALL RD
RURAL HALL, NC 27045

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$200.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003915) PERIOD ORTHO TX INSTALLMENT	200.00			\$200.00

PAY THIS AMOUNT

\$200.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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www.wsdentalcare.com

Account No: 803274

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003877

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JAHZRIA GRANT
ASTERIA BURNS
3921 CREEKMOORE DR
WINSTON-SALEM, NC 27101

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$345.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
04/21/2015	Bank Draft: \$125.00 Applied to: 15000659				
04/30/2015	(15000659) PERIOD ORTHO TX INSTALLMENT	125.00			\$125.00
05/05/2015	(15000695) NSF CHARGE	35.00	35.00		\$0.00
05/05/2015	Adjustment: (\$125.00) Applied to: 15000659				
05/26/2015	(15000697) NSF Fee	35.00	35.00		\$0.00
06/22/2015	Bank Draft: \$125.00 Applied to: 15001001				
06/23/2015	(15001001) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
07/20/2015	Bank Draft: \$125.00 Applied to: 15001176				
07/27/2015	(15001176) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
08/19/2015	Bank Draft: \$125.00 Applied to: 15000659				
08/19/2015	Bank Draft: \$125.00 Applied to: 15000695,15000697,15001357				
08/19/2015	Payment Reversal (Correction): (\$125.00) Applied to: 15000659				
08/28/2015	(15001357) PERIOD ORTHO TX INSTALLMENT	125.00	55.00		\$70.00
09/22/2015	Bank Draft: \$125.00 Applied to: 15001529				
09/28/2015	(15001529) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
10/21/2015	Bank Draft: \$125.00 Applied to: 15001709				
10/28/2015	(15001709) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
11/20/2015	Bank Draft: \$125.00 Applied to: 15001912				
11/23/2015	(15001912) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
12/21/2015	Bank Draft: \$125.00 Applied to: 15002065				
12/21/2015	(15002065) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
01/21/2016	Bank Draft: \$125.00 Applied to: 16002226				
01/21/2016	(16002226) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00
02/23/2016	Bank Draft: \$125.00 Applied to: 16002396				

02/23/2016	(16002396) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
03/23/2016	Bank Draft: \$125.00 Applied to: 16002578			
03/28/2016	(16002578) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
04/21/2016	Bank Draft: \$125.00 Applied to: 16002734			
04/26/2016	(16002734) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
05/23/2016	Bank Draft: \$125.00 Applied to: 16002903			
05/23/2016	(16002903) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
06/20/2016	(16003021) Amount Not Covered By Insurance (Claim #	25.00		\$25.00
06/21/2016	Bank Draft: \$125.00 Applied to: 16003060			
06/24/2016	(16003060) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
07/22/2016	Bank Draft: \$125.00 Applied to: 16003215			
07/25/2016	(16003215) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
08/23/2016	Bank Draft: \$125.00 Applied to: 16003382			
08/25/2016	(16003382) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
09/21/2016	Bank Draft: \$125.00 Applied to: 16003537			
09/23/2016	(16003537) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
10/21/2016	Bank Draft: \$125.00 Applied to: 16003703			
10/25/2016	(16003703) PERIOD ORTHO TX INSTALLMENT	125.00	125.00	\$0.00
11/28/2016	(16003877) PERIOD ORTHO TX INSTALLMENT	125.00		\$125.00

PAY THIS AMOUNT

\$345.00

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 800507

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003885

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

AMPARO VELASCO
832 PECAN RIDGE CIR
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$201.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003885) PERIOD ORTHO TX INSTALLMENT	201.00			\$201.00

PAY THIS AMOUNT

\$201.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803300

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003880

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

NOAH JACKSON
C/O CRYSTAL TOMLIN
4609 WOODWAY DR
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$251.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
06/24/2016	(16003064) PERIOD ORTHO TX INSTALLMENT	133.00			\$133.00
07/05/2016	Credit Card Draft: \$133.00 Applied to: 16003219				
07/25/2016	(16003219) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
08/05/2016	Credit Card Draft: \$133.00 Applied to: 16003386				
08/25/2016	(16003386) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
09/09/2016	Credit Card Draft: \$133.00 Applied to: 16003541				
09/23/2016	(16003541) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
10/05/2016	Credit Card Draft: \$133.00 Applied to: 16003706				
10/25/2016	(16003706) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
11/28/2016	(16003880) PERIOD ORTHO TX INSTALLMENT	118.00			\$118.00

PAY THIS AMOUNT

\$251.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 800511

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003886

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

RYLEY LAWSON
6457 UNIVERSITY PARKWAY
RURAL HALL, NC 27045

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$83.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/25/2016	(16003393) PERIOD ORTHO TX INSTALLMENT	82.50	82.00		\$0.50
08/31/2016	MasterCard: \$82.00 Applied to: 16003393				
09/23/2016	(16003548) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00
10/05/2016	MasterCard: \$82.50 Applied to: 16003548				
10/25/2016	(16003712) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00
11/09/2016	Personal Check: \$82.50 Applied to: 16003712				
11/28/2016	(16003886) PERIOD ORTHO TX INSTALLMENT	82.50			\$82.50

PAY THIS AMOUNT

\$83.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 805016

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003896

PLEASE REMIT PAYMENTS TO:

BRITANY M SNIPES-BANKS
ROAD APT 6
2358 SOUTH STRATFORD
WINSTON SALEM, NC 27103

Kenneth M. Sadler, DDS and Associates, PA

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$360.30

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
03/01/2016	(16002519) Amount Not Covered By Insurance (Claim #	75.00	55.70		\$19.30
03/01/2016	(16002520) Amount Not Covered By Insurance (Claim #	75.00			\$75.00
03/28/2016	(16002606) PERIOD ORTHO TX INSTALLMENT	202.00	202.00		\$0.00
04/26/2016	(16002758) PERIOD ORTHO TX INSTALLMENT	202.00	202.00		\$0.00
05/23/2016	(16002927) PERIOD ORTHO TX INSTALLMENT	202.00	202.00		\$0.00
05/25/2016	VISA: \$202.00 Applied to: 16002606				
06/20/2016	Credit Card Draft: \$202.00 Applied to: 16002758				
06/24/2016	(16003084) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
07/20/2016	Credit Card Draft: \$202.00 Applied to: 16002927				
07/25/2016	(16003237) PERIOD ORTHO TX INSTALLMENT	133.00			\$133.00
08/22/2016	Credit Card Draft: \$202.00 Applied to: 16003084				
08/25/2016	(16003403) PERIOD ORTHO TX INSTALLMENT	133.00			\$133.00
09/20/2016	Credit Card Draft: \$202.00 Applied to: 16003558				
09/23/2016	(16003558) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
10/20/2016	Credit Card Draft: \$202.00 Applied to: 16003722				
10/25/2016	(16003722) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00
11/22/2016	VISA: \$202.00 Applied to: 16002519,16003896				
11/28/2016	(16003896) PERIOD ORTHO TX INSTALLMENT	133.00	133.00		\$0.00

PAY THIS AMOUNT

\$360.30

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805034

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003911

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ANTHONY D GRIFFIN
317 W VANDALIA RD
APT G
GREENSBORO, NC 27406-6852

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$226.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
06/24/2016	(16003099) PERIOD ORTHO TX INSTALLMENT	121.00	16.00		\$105.00
07/06/2016	MasterCard: \$500.00 Applied to: 16003099				
07/25/2016	(16003252) PERIOD ORTHO TX INSTALLMENT	121.00	121.00		\$0.00
07/25/2016	MasterCard: \$121.00 Applied to: 16003252				
08/23/2016	Bank Draft: \$121.00 Applied to: 16003418				
08/25/2016	(16003418) PERIOD ORTHO TX INSTALLMENT	121.00	121.00		\$0.00
09/21/2016	Bank Draft: \$121.00 Applied to: 16003573				
09/23/2016	(16003573) PERIOD ORTHO TX INSTALLMENT	121.00	121.00		\$0.00
10/21/2016	Bank Draft: \$121.00 Applied to: 16003737				
10/25/2016	(16003737) PERIOD ORTHO TX INSTALLMENT	121.00	121.00		\$0.00
11/28/2016	(16003911) PERIOD ORTHO TX INSTALLMENT	121.00			\$121.00

PAY THIS AMOUNT

\$226.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 800522

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003892

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MILLENNIUM SHERIFF
C/O WATCHEN YUOH
2310 KONNOAK VIEW DR
WINSTON SALEM, NC 27127-2956

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$525.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/01/2016	Payroll Deduction: \$150.00 Applied to: 16003399				
08/25/2016	(16003399) PERIOD ORTHO TX INSTALLMENT	150.00	75.00		\$75.00
09/23/2016	(16003554) PERIOD ORTHO TX INSTALLMENT	150.00			\$150.00
10/25/2016	(16003718) PERIOD ORTHO TX INSTALLMENT	150.00			\$150.00
11/28/2016	(16003892) PERIOD ORTHO TX INSTALLMENT	150.00			\$150.00

PAY THIS AMOUNT

\$525.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805017

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003897

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ANDREW SZVETITZ
C/O ROBBYN SZVETITZ
1631 DUPONT RD
WINSTON SALEM, NC 27103-4803

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$93.75

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003897) PERIOD ORTHO TX INSTALLMENT	93.75			\$93.75

PAY THIS AMOUNT

\$93.75

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805115

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003977

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

DR. JEWEL CHERRY
652 BARROCLIFF ROAD
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$80.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003977) PERIOD ORTHO TX INSTALLMENT	80.00			\$80.00

PAY THIS AMOUNT

\$80.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805023

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003900

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

RILEY KISER
C/O REBECCA KISER
1040 COUNTRY MEADOWS DR
WALNUT COVE, NC 27052

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$125.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003900) PERIOD ORTHO TX INSTALLMENT	125.00			\$125.00

PAY THIS AMOUNT

\$125.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805024

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003901

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

STEPHEN COWAN
C/O CANDACE CARRUTH
772 RUNNINGBROOK LN
RURAL HALL, NC 27045

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$96.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
04/26/2016	(16002763) PERIOD ORTHO TX INSTALLMENT	96.00			\$96.00
05/20/2016	Credit Card Draft: \$96.00 Applied to: 16002932				
05/23/2016	(16002932) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00
06/20/2016	Credit Card Draft: \$96.00 Applied to: 16003089				
06/24/2016	(16003089) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00
07/20/2016	Credit Card Draft: \$96.00 Applied to: 16003242				
07/25/2016	(16003242) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00
08/22/2016	Credit Card Draft: \$96.00 Applied to: 16003408				
08/25/2016	(16003408) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00
09/20/2016	Credit Card Draft: \$96.00 Applied to: 16003563				
09/23/2016	(16003563) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00
10/20/2016	Credit Card Draft: \$96.00 Applied to: 16003727				
10/25/2016	(16003727) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00
11/22/2016	VISA: \$96.00 Applied to: 16003901				
11/28/2016	(16003901) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00

PAY THIS AMOUNT

\$96.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805029

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003906

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JACQUELINE S BROWN
3421 OLD VINEYARD RD
APT C39
WINSTON SALEM, NC 27103

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$171.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003906) PERIOD ORTHO TX INSTALLMENT	171.00			\$171.00

PAY THIS AMOUNT

\$171.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805041

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003918

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MARIANO GENUINO
C/O ROY GENUINO
3800 HEATHER LANE
WINSTON SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$235.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
05/23/2016	(16003014) Amount Not Covered By Insurance (Claim #	25.00			\$25.00
06/21/2016	Bank Draft: \$105.00 Applied to: 16003106				
06/24/2016	(16003106) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00
07/22/2016	Bank Draft: \$105.00 Applied to: 16003259				
07/25/2016	(16003259) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00
08/23/2016	Bank Draft: \$105.00 Applied to: 16003425				
08/25/2016	(16003425) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00
09/23/2016	(16003580) PERIOD ORTHO TX INSTALLMENT	105.00			\$105.00
10/21/2016	Bank Draft: \$105.00 Applied to: 16003744				
10/25/2016	(16003744) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00
11/28/2016	(16003918) PERIOD ORTHO TX INSTALLMENT	105.00			\$105.00

PAY THIS AMOUNT

\$235.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805036

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003913

PLEASE REMIT PAYMENTS TO:

NIKOLOS DEBERRY
353 JONESTOWN RD STE 217
WINSTON SALEM, NC 27104

Kenneth M. Sadler, DDS and Associates, PA

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$276.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
12/21/2015	(15002111) PERIOD ORTHO TX INSTALLMENT	138.00			\$138.00
01/05/2016	Credit Card Draft: \$138.00 Applied to: 16002271				
01/21/2016	(16002271) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
02/05/2016	Credit Card Draft: \$138.00 Applied to: 16002440				
02/23/2016	(16002440) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
03/08/2016	Credit Card Draft: \$138.00 Applied to: 16002623				
03/28/2016	(16002623) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
04/05/2016	Credit Card Draft: \$138.00 Applied to: 16002775				
04/26/2016	(16002775) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
05/23/2016	(16002944) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
06/07/2016	VISA: \$138.00 Applied to: 16002944				
06/24/2016	(16003101) PERIOD ORTHO TX INSTALLMENT	138.00			\$138.00
07/05/2016	Credit Card Draft: \$138.00 Applied to: 16003254				
07/25/2016	(16003254) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
08/05/2016	Credit Card Draft: \$138.00 Applied to: 16003420				
08/25/2016	(16003420) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
09/09/2016	Credit Card Draft: \$138.00 Applied to: 16003575				
09/23/2016	(16003575) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
10/05/2016	Credit Card Draft: \$138.00 Applied to: 16003739				
10/25/2016	(16003739) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00
11/08/2016	Credit Card Draft: \$138.00 Applied to: 16003913				
11/28/2016	(16003913) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00

PAY THIS AMOUNT

\$276.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 805056

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003931

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MARY CATHERINE CORNE
C/O CHRISSY KELLY-CORNE
1824 WEST WESTMORELAND RD
KING, NC 27021

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$495.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/23/2016	(16003594) PERIOD ORTHO TX INSTALLMENT	165.00			\$165.00
10/25/2016	(16003758) PERIOD ORTHO TX INSTALLMENT	165.00			\$165.00
11/28/2016	(16003931) PERIOD ORTHO TX INSTALLMENT	165.00			\$165.00

PAY THIS AMOUNT

\$495.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 805061

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003935

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JOSHABET URIZAR-ARIAS
C/O SARA URIZAR
3116 GREENE CROSS DR
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$100.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003935) PERIOD ORTHO TX INSTALLMENT	100.00			\$100.00

PAY THIS AMOUNT

\$100.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Account No: 805074

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003944

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

Jason A Lopez
208 Meadow Lark Ln
Thomasville, NC 27360

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$180.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/23/2016	(16003610) PERIOD ORTHO TX INSTALLMENT	180.00			\$180.00
10/20/2016	Credit Card Draft: \$180.00 Applied to: 16003774				
10/25/2016	(16003774) PERIOD ORTHO TX INSTALLMENT	180.00	180.00		\$0.00
11/22/2016	VISA: \$180.00 Applied to: 16003944				
11/28/2016	(16003944) PERIOD ORTHO TX INSTALLMENT	180.00	180.00		\$0.00

PAY THIS AMOUNT

\$180.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Account No: 805167

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004017

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

OWEN LIBUNAO
C/O JENNIE LIBUNAO
1350 ROSEWOOD CT
WINSTON-SALEM, NC 27103

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$125.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004017) PERIOD ORTHO TX INSTALLMENT	125.00			\$125.00

PAY THIS AMOUNT

\$125.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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www.wsdentalcare.com

Account No: 805094

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003960

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JUSTIN W FLINCHUM
C/O ALEX FLINCHUM
1311 RENO FLINCHUM RD
WALNUT COVE, NC 27052

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$180.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003960) PERIOD ORTHO TX INSTALLMENT	180.00			\$180.00

PAY THIS AMOUNT

\$180.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Account No: 805088

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003955

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

HANNAH FRAZIER
C/O JOHN ASHWORTH
512 LAKE VALLEY DR
WINSTON-SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$558.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/25/2016	(16003468) PERIOD ORTHO TX INSTALLMENT	186.00			\$186.00
09/23/2016	(16003622) PERIOD ORTHO TX INSTALLMENT	186.00	186.00		\$0.00
09/26/2016	Personal Check: \$186.00 Applied to: 16003622				
10/25/2016	(16003786) PERIOD ORTHO TX INSTALLMENT	186.00			\$186.00
11/28/2016	(16003955) PERIOD ORTHO TX INSTALLMENT	186.00			\$186.00

PAY THIS AMOUNT

\$558.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 805096

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003962

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

IRELYNN SPENCER
C/O KEVIN SPENCER
606 OAKHURST ST
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$93.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003962) PERIOD ORTHO TX INSTALLMENT	93.00			\$93.00

PAY THIS AMOUNT

\$93.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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Account No: 805091

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003957

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SARA FERNANDEZ
3116 GREENE CROSS DR

WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$448.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
07/25/2016	(16003303) PERIOD ORTHO TX INSTALLMENT	224.00			\$224.00
08/25/2016	(16003470) PERIOD ORTHO TX INSTALLMENT	224.00	224.00		\$0.00
08/25/2016	VISA: \$224.00 Applied to: 16003470				
09/23/2016	(16003624) PERIOD ORTHO TX INSTALLMENT	224.00	224.00		\$0.00
10/03/2016	VISA: \$224.00 Applied to: 16003624				
10/25/2016	(16003788) PERIOD ORTHO TX INSTALLMENT	224.00	224.00		\$0.00
11/08/2016	VISA: \$224.00 Applied to: 16003788				
11/28/2016	(16003957) PERIOD ORTHO TX INSTALLMENT	224.00			\$224.00

PAY THIS AMOUNT

\$448.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805120

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003981

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CAMILLE BRANCH
733 BRASSIE CLUB DR
ROCKY MOUNT, NC 27804

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$242.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003981) PERIOD ORTHO TX INSTALLMENT	242.00			\$242.00

PAY THIS AMOUNT

\$242.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805103

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003967

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SARAH ALLEN
C/O HEATHER ALLEN
396 EAST DALTON RD
KING, NC 27021

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$175.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003967) PERIOD ORTHO TX INSTALLMENT	175.00			\$175.00

PAY THIS AMOUNT

\$175.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805132

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003990

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KYRA BRINKLEY
C/O ARNOLD BRINKLEY
4202 TRACEVIEW DR APT 206
WINSTON SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$267.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003990) PERIOD ORTHO TX INSTALLMENT	267.00			\$267.00

PAY THIS AMOUNT

\$267.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805146

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16004001

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BRANDON JOHNSON
C/O DEANNA JOHNSON
244 LIVEOAK LANE
LEXINGTON, NC 27295

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$200.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/23/2016	(16003669) PERIOD ORTHO TX INSTALLMENT	100.00			\$100.00
10/25/2016	(16003834) PERIOD ORTHO TX INSTALLMENT	100.00			\$100.00
11/08/2016	Credit Card Draft: \$100.00 Applied to: 16004001				
11/28/2016	(16004001) PERIOD ORTHO TX INSTALLMENT	100.00	100.00		\$0.00

PAY THIS AMOUNT

\$200.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805153

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004007

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SANDRA SHAUT
561 RIDGEWAY LN
LEXINGTON, NC 27295

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$116.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004007) PERIOD ORTHO TX INSTALLMENT	116.00			\$116.00

PAY THIS AMOUNT

\$116.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805134

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003992

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CAIDEN MORRISON
C/O MICHELLE L. MORRISON
3561 CEDAR POST RD
WINSTON SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$76.25

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/25/2016	(16003504) PERIOD ORTHO TX INSTALLMENT	76.25			\$76.25
09/09/2016	Credit Card Draft: \$76.25 Applied to: 16003660				
09/23/2016	(16003660) PERIOD ORTHO TX INSTALLMENT	76.25	76.25		\$0.00
10/05/2016	Credit Card Draft: \$76.25 Applied to: 16003824				
10/25/2016	(16003824) PERIOD ORTHO TX INSTALLMENT	76.25	76.25		\$0.00
11/08/2016	Credit Card Draft: \$76.25 Applied to: 16003992				
11/28/2016	(16003992) PERIOD ORTHO TX INSTALLMENT	76.25	76.25		\$0.00

PAY THIS AMOUNT

\$76.25

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805169

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004018

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

QUIANA ANTHONY
830 BITTING CIIR
RURAL HALL, NC 27045

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$107.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16004018) PERIOD ORTHO TX INSTALLMENT	107.00			\$107.00

PAY THIS AMOUNT

\$107.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 805166

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004016

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BRIGETTE BRANDON
1701 VALLEY BROOK RD.
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/15/2016	VISA: \$78.00 Applied to: 16004016				
11/28/2016	(16004016) PERIOD ORTHO TX INSTALLMENT	78.00	78.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805152

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16004006

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

PATRICIA SHOUSE
511 SCHOLASTIC CT
WINSTON-SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$78.00 Applied to: 16004006				
11/28/2016	(16004006) PERIOD ORTHO TX INSTALLMENT	78.00	78.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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Account No: 805112

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003974

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KAREN A MCDOWELL
339 WALKERTOWN AVE
WINSTON SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/01/2016	Payroll Deduction: \$223.50 Applied to: 16003974				
11/21/2016	Payroll Deduction: \$149.00 Applied to: 16003974				
11/28/2016	(16003974) PERIOD ORTHO TX INSTALLMENT	149.00	149.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Account No: 803238

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003873

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JONATHAN CARD
ALISON CARD
8910 DOUBLETREE LANE
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$38.00 Applied to: 16003873				
11/28/2016	(16003873) PERIOD ORTHO TX INSTALLMENT	38.00	38.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Account No: 800512

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003887

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JASMYN LEWIS
C/O CHERYL JEFFRIES
4724 OAK PARK CIRCLE
PFAFFTOWN, NC 27040

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$180.00 Applied to: 16003887				
11/28/2016	(16003887) PERIOD ORTHO TX INSTALLMENT	180.00	180.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 800524

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003894

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

RILEY C MOCK
C/O SANDRA MOCK
170 RIDGEWAY LN
LEXINGTON, NC 27295

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$82.50 Applied to: 16003894				
11/28/2016	(16003894) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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Account No: 805067

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003940

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

WILLIAM P BARNEY
C/O REGINA BARNEY
2185 MILLING RD
MOCKSVILLE, NC 27028-7332

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/16/2016	VISA: \$1,000.00 Applied to: 16003940				
11/28/2016	(16003940) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805149

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004004

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

DEVIN I SHIELDS
C/O HELEN SHIELDS
2707 GLENHAVEN LN
WINSTON SALEM, NC 27106-2318

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$80.00 Applied to: 16004004				
11/28/2016	(16004004) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805031

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003908

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KATHERINE SPENCER
C/O KAREN SPENCER
165 HARPER RIDGE CT
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$143.00 Applied to: 16003908				
11/28/2016	(16003908) PERIOD ORTHO TX INSTALLMENT	143.00	143.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805046

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003923

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MADELINE CLARK
C/O MELISSA CLARK
295 CANYON ROAD
MOCKSVILLE, NC 27028

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$74.00 Applied to: 16003923				
11/28/2016	(16003923) PERIOD ORTHO TX INSTALLMENT	74.00	74.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805087

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003954

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KENDALL J BYRD
C/O BOBBY BYRD
603 GEORGE HEGE RD
LEXINGTON, NC 27295-7064

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$82.50 Applied to: 16003954				
11/28/2016	(16003954) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803287

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003878

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KATHY G WHITENER
2130 BLUE STONE LANE
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$201.00 Applied to: 16003878				
11/28/2016	(16003878) PERIOD ORTHO TX INSTALLMENT	192.00	192.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805121

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003982

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ADAM B CULLER
C/O DEBORAH CULLER
324 FARMBROOK RD
MOUNT AIRY, NC 27030-5748

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$107.00 Applied to: 16003982				
11/28/2016	(16003982) PERIOD ORTHO TX INSTALLMENT	107.00	107.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805126

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003985

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

TIFFANI S GRIFFIN
481 BROOKRIDGE DR
WINSTON-SALEM, NC 27103

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$74.00 Applied to: 16003985				
11/28/2016	(16003985) PERIOD ORTHO TX INSTALLMENT	70.00	70.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805143

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003999

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MEGAN N SMITH
C/O TAMARA SMITH
2900 PEAR ORCHARD RD
YADKINVILLE, NC 27055

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$105.00 Applied to: 16003999				
11/28/2016	(16003999) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805158

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004012

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BEN S KING
2515 MOCK ROAD
HIGH POINT, NC 27265

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Cash: \$164.00 Applied to: 16004012				
11/28/2016	(16004012) PERIOD ORTHO TX INSTALLMENT	164.00	164.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 800521

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003891

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JOSEPH M HOOKER
1906 ACADEMY DR
LEXINGTON, NC 27295-1902

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$125.00 Applied to: 16003891				
11/28/2016	(16003891) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805097

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003963

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ONO ABHULIMEN
C/O JASMINE ABHULIMEN
3476 SALLY KIRK ROAD
WINSTON SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$157.00 Applied to: 16003963				
11/28/2016	(16003963) PERIOD ORTHO TX INSTALLMENT	157.00	157.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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www.wsdentalcare.com

Account No: 805119

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003980

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ROMULUS STANEK
C/O MARK STANEK
240 GRANDVIEW DR
WINSTON SALEM, NC 27104-4122

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$162.00 Applied to: 16003980				
11/28/2016	(16003980) PERIOD ORTHO TX INSTALLMENT	162.00	162.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805058

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003933

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CAMERON I BARNES
FREDERICK BARNES
510 MARTHA CT
KERNERSVILLE, NC 27284-9748

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
07/22/2016	Bank Draft: \$80.00 Applied to: 16003933				
11/28/2016	(16003933) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805043

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003920

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BLASE C MATHESON
433 HOLIDAY ST
WINSTON-SALEM, NC 27104

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	AMEX: \$125.00 Applied to: 16003920				
11/28/2016	(16003920) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805044

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003921

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

PAUL T MATHESON
433 HOLIDAY ST
WINSTON-SALEM, NC 27104

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	AMEX: \$125.00 Applied to: 16003921				
11/28/2016	(16003921) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805154

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004008

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JONATHAN DARDEN
C/O TAMARA DARDEN
155 RIDGE GATE CT
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$99.00 Applied to: 16004008				
11/28/2016	(16004008) PERIOD ORTHO TX INSTALLMENT	99.00	99.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805100

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003965

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

TAMIA S ROBERTS
C/O MEKIA CLARK
4333 GROVE AVE APT C
WINSTON-SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$138.00 Applied to: 16003965				
11/28/2016	(16003965) PERIOD ORTHO TX INSTALLMENT	138.00	138.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805050

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003926

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CASSIDY C HANELINE
C/O RICKY HANELINE
200 MIDBROOK RUN
LEXINGTON, NC 27295-5616

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$92.00 Applied to: 16003926				
11/28/2016	(16003926) PERIOD ORTHO TX INSTALLMENT	92.00	92.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802425

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003863

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

PAYTON EUBANKS
%DARREN EUBANKS
1140 REYNOLDS PRICE DR
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$82.50 Applied to: 16003863				
11/28/2016	(16003863) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805135

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003993

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

EMILY K PHAN
C/O TAM PHAN
6622 RIDGE RUN COURT
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$110.00 Applied to: 16003993				
11/28/2016	(16003993) PERIOD ORTHO TX INSTALLMENT	110.00	110.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805081

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003950

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ALANA L HUNTER
C/O JEANETTE HUNTER
297 JU LENOR DR
WINSTON SALEM, NC 27107-8995

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$105.00 Applied to: 16003950				
11/28/2016	(16003950) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803332

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003882

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KENADY SPEIGHTS
KENNETH SPEIGHTS
4840 BARKAS DR
WINSTON-SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$82.50 Applied to: 16003882				
11/28/2016	(16003882) PERIOD ORTHO TX INSTALLMENT	72.00	72.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802185

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003865

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

LUCAS NIXON
C/O HOPE NIXON
3740 WESTWOOD RD
HAMPTONVILLE, NC 27020

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$148.50 Applied to: 16003865				
11/28/2016	(16003865) PERIOD ORTHO TX INSTALLMENT	148.50	148.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805057

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003932

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

TYLER R HOLDEN
C/O WESLEY HOLDEN
157 W VERNON CHURCH RD
WINSTON-SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$80.00 Applied to: 16003932				
11/28/2016	(16003932) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805055

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003930

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BETHANY G MOORE
C/O RANDALL/KEITA MOORE
309 SPRINGDALE RD
WALNUT COVE, NC 27052-9549

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$125.00 Applied to: 16003930				
11/28/2016	(16003930) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805040

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003917

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BRIANNA E LUCERO
C/O CHRISTINA WILLIAMSON
7644 PENLAND DRIVE
CLEMMONS, NC 27012-8457

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$41.25 Applied to: 16003917				
11/08/2016	Credit Card Draft: \$41.25 Applied to: 16003917				
11/28/2016	(16003917) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802429

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003864

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

AUSTIN C WILLIAMS
C/O CYNTHIA WILLIAMS
1041 BROOKEMEADE DR
WINSTON-SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$80.00 Applied to: 16003864				
11/28/2016	(16003864) PERIOD ORTHO TX INSTALLMENT	80.00	80.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805076

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003946

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BRADEN P MILLS
C/O PIPER MILLS
1394 STONEGATE DR
WINSTON SALEM, NC 27107-9693

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$125.00 Applied to: 16003946				
11/28/2016	(16003946) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805108

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003971

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

Carla L King
APT 307
2009 NORTH CLIFFE DRIVE
Winston Salem, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
03/30/2016	MasterCard: \$2,000.00 Applied to: 16003971				
11/28/2016	(16003971) PERIOD ORTHO TX INSTALLMENT	223.00	223.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805137

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003995

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

RYAN P CONNORS
C/O JAMES CONNORS
8100 LASATER RD
CLEMMONS, NC 27012-8442

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$96.00 Applied to: 16003995				
11/28/2016	(16003995) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805060

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003934

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

NATALIE G HARPE
C/O STACY HARPE-HALL
1212 HORSESHOE NECK ROAD
LEXINGTON, NC 27295

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$123.00 Applied to: 16003934				
11/28/2016	(16003934) PERIOD ORTHO TX INSTALLMENT	123.00	123.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805092

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003958

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CALVIN NORMAN
C/O GAYLE NORMAN
3944 SILOAM RD
EAST BEND, NC 27018

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$186.00 Applied to: 16003958				
11/28/2016	(16003958) PERIOD ORTHO TX INSTALLMENT	186.00	186.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805078

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003948

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ZOIE S IRBY
C/O BEVERLY IRBY
220 BEECHWOOD CIRCLE
WINSTON-SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$111.00 Applied to: 16003948				
11/28/2016	(16003948) PERIOD ORTHO TX INSTALLMENT	111.00	111.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 801281

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003868

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SAMUEL M JONES
JESSE M.JONES
165 BROADMOOR DRIVE
ADVANCE, NC 27006

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$72.00 Applied to: 16003868				
11/28/2016	(16003868) PERIOD ORTHO TX INSTALLMENT	72.00	72.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802436

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003872

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MALCOLM WALTERS
CRYSTAL WALTERS
1008 RUNDELL ST
WINSTON-SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$50.00 Applied to: 16003872				
11/22/2016	VISA: \$50.00 Applied to: 16003872				
11/28/2016	(16003872) PERIOD ORTHO TX INSTALLMENT	100.00	100.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 801043

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003862

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

TAMARA S CLEMENT
240 LUZELLE DRIVE
WINSTON-SALEM,, NC 27103-6464

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/28/2016	(16003862) PERIOD ORTHO TX INSTALLMENT				

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805025

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003902

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

OLIVIA G MABE
C/O JEREMY & REBECCA MABE
730 MT OLIVET CHURCH RD
LEXINGTON, NC 27295

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$82.50 Applied to: 16003902				
11/28/2016	(16003902) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805075

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003945

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

HUNTER CERNY
C/O JENNIFER CERNY
1742 MUDDY CREEK ROAD
CLEMMONS, NC 27012

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$82.50 Applied to: 16003945				
11/28/2016	(16003945) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 805071

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003942

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ANNIE C POTTS
C/O SARAH FRECHETTE POTTS
145 NORWOOD FOREST LANE
WINSTON SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$82.50 Applied to: 16003942				
11/28/2016	(16003942) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805070

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003941

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ELLIE J POTTS
C/O SARAH FRECHETTE POTTS
5010 MAYBERRY LANE
WINSTON-SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$82.50 Applied to: 16003941				
11/28/2016	(16003941) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805117

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003979

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ELLA POWELL
C/O MANDY POWELL
101 BRITTANY CT
KING, NC 27021-8806

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$82.50 Applied to: 16003979				
11/28/2016	(16003979) PERIOD ORTHO TX INSTALLMENT	82.50	82.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 805129

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003987

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

PEYTON A LITTLE
C/O CONCHITA LITTLE
2275 BRIAR GLENN RD
WINSTON-SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$96.00 Applied to: 16003987				
11/28/2016	(16003987) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805099

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003964

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JUSTIN A CLYBURN
C/O JONDREA CLYBURN
7457 PRINCESS ANN CT
RURAL HALL, NC 27045-9821

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$92.00 Applied to: 16003964				
11/28/2016	(16003964) PERIOD ORTHO TX INSTALLMENT	92.00	92.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805123

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003983

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CAMILLE CRAWFORD
C/O LINDA SHIEH
612 SUMMIT STREET
WINSTON-SALEM, NC 27101

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$200.00 Applied to: 16003983				
11/28/2016	(16003983) PERIOD ORTHO TX INSTALLMENT	200.00	200.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805093

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003959

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JORDYN THOMPSON
C/O IRIS THOMPSON
145 STILLMERE COURT
WINSTON-SALEM, NC 27101

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
06/24/2016	VISA: \$2,145.00 Applied to: 16003959				
11/28/2016	(16003959) PERIOD ORTHO TX INSTALLMENT	146.00	146.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805027

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003904

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

Logan C Griffith
1040 Woodbury Rd
King, NC 27021

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$125.00 Applied to: 16003904				
11/28/2016	(16003904) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805082

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003951

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ASIA JARRETT
C/O RANDY JARRETT
1851 WATERFORD POINTE RD
LEXINGTON, NC 27292

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/03/2016	VISA: \$246.00 Applied to: 16003951				
11/28/2016	(16003951) PERIOD ORTHO TX INSTALLMENT	123.00	123.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805022

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003899

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MORGAN MOZINGO
C/O KEITH MOZINGO
3786 CARTETTE COURT
HIGH POINT, NC 27265

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$60.00 Applied to: 16003899				
11/28/2016	(16003899) PERIOD ORTHO TX INSTALLMENT	60.00	60.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805090

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003956

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

AGATHA TYREE
398 ANDERSON RD
WINSTON SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$175.00 Applied to: 16003956				
11/28/2016	(16003956) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 800525

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003895

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CHRISTOPHER BURNS
C/O CHERYL BURNS
111 KEN HOOTS LANE
ADVANCE, NC 27006

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$125.00 Applied to: 16003895				
11/28/2016	(16003895) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

Winston-Salem
Dental Care

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805125

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003984

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CHARLOTTE A HAUSER
C/O GREGORY HAUSER
521 DODSON MILL ROAD
PILOT MOUNTAIN, NC 27041

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
07/06/2016	Bank Draft: \$79.00 Applied to: 16003984				
11/10/2016	Bank Draft: \$79.00 Applied to: 16003984				
11/28/2016	(16003984) PERIOD ORTHO TX INSTALLMENT	79.00	79.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805105

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003968

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MADISON C HALL
TIFFANY HALL
100 SEDGEWICK RIDGE COURT
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
06/20/2016	Credit Card Draft: \$150.00 Applied to: 16003968				
11/22/2016	VISA: \$150.00 Applied to: 16003968				
11/28/2016	(16003968) PERIOD ORTHO TX INSTALLMENT	150.00	150.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805077

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003947

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JAYLA S MASSEY
C/O CATHERINE STAPLEFOOTE
3715 SPAULDING DR
WINSTON SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$186.00 Applied to: 16003947				
11/28/2016	(16003947) PERIOD ORTHO TX INSTALLMENT	186.00	186.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

Winston-Salem
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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803325

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003879

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MAKENZIE JOHNSON
TAMMY JOHNSON
3334 UNION CROSS CHURCH
YADKINVILLE, NC 27055

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$52.50 Applied to: 16003879				
11/22/2016	MasterCard: \$52.50 Applied to: 16003879				
11/28/2016	(16003879) PERIOD ORTHO TX INSTALLMENT	105.00	105.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805114

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003976

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SARAH SOUTHERN
1821 BARNSTABLE RD
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$144.00 Applied to: 16003976				
11/28/2016	(16003976) PERIOD ORTHO TX INSTALLMENT	144.00	144.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

Kenneth M. Sadler, DDS and Associates P.A.

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 802744

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003876

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

HAILEY CROOM
CURTIS MCKINLEY
106 MAVERICK TRAIL
KING, NC 27021

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$78.93 Applied to: 16003876				
11/28/2016	(16003876) PERIOD ORTHO TX INSTALLMENT	78.93	78.93		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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201 Charlois Boulevard
Winston-Salem, NC 27103

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Account No: 805047

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003924

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SONIA CHANDARANA
2610 STRATFORD LAKE RD
WINSTON SALEM, NC 27103-6739

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	AMEX: \$177.00 Applied to: 16003924				
11/28/2016	(16003924) PERIOD ORTHO TX INSTALLMENT	177.00	177.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Account No: 805136

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003994

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SURAJ UPADHYA
C/O SUDARSHAN UPADHYA
142 COVINGTON PLACE
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$116.25 Applied to: 16003994				
11/28/2016	(16003994) PERIOD ORTHO TX INSTALLMENT	116.25	116.25		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Account No: 805106

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003969

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

PATRICIA BROWN
C/O KAREN BROWN
3286 HEDRICK MILL RD
LEXINGTON, NC 27292

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$200.00 Applied to: 16003969				
11/28/2016	(16003969) PERIOD ORTHO TX INSTALLMENT	200.00	200.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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201 Charlois Boulevard
Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805079

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003949

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

AHMANI J MARSHALL
C/O LORETTA MARSHALL
222 SEDGE MEADOW DR
WINSTON SALEM, NC 27107-1858

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
01/06/2016	MasterCard: \$2,000.00 Applied to: 16003949				
11/28/2016	(16003949) PERIOD ORTHO TX INSTALLMENT	180.00	180.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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Account No: 805013

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003883

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

KELLY WILLIAMS
149 MARIE DR
KING, NC 27021

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$100.00 Applied to: 16003883				
11/28/2016	(16003883) PERIOD ORTHO TX INSTALLMENT	100.00	100.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Account No: 805064

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003937

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JACOB TORRES
C/O SULLY TORRES
1242 FOLKSTONE RIDGE LN
WINSTON SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$118.00 Applied to: 16003937				
11/28/2016	(16003937) PERIOD ORTHO TX INSTALLMENT	118.00	118.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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(336) 331-3500

Winston-Salem, NC 27103
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Account No: 805042

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003919

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MADISON J CONYERS
C/O SERINA TITUS
5750 WOODSIDE FOREST TRL
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$135.00 Applied to: 16003919				
11/28/2016	(16003919) PERIOD ORTHO TX INSTALLMENT	135.00	135.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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www.wsdentalcare.com

Account No: 805033

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003910

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ELENA ZUIDEMA
C/O MARIA ZUIDEMA
923 RIDGEGATE DRIVE
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$108.00 Applied to: 16003910				
11/28/2016	(16003910) PERIOD ORTHO TX INSTALLMENT	108.00	108.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 803268

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003875

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MADISON PIERCE
CHRISTY PIERCE
128 DARBY LANE
WINSTON-SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/10/2016	Bank Draft: \$166.50 Applied to: 16003875				
11/28/2016	(16003875) PERIOD ORTHO TX INSTALLMENT	166.50	166.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805045

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003922

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ISAIAH EAST
112 MEADOW RD
DANBURY, NC 27016

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$96.00 Applied to: 16003922				
11/28/2016	(16003922) PERIOD ORTHO TX INSTALLMENT	96.00	96.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805035

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003912

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

LUIS VELASCO
832 PECAN RIDGE CIRCLE
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$223.00 Applied to: 16003912				
11/28/2016	(16003912) PERIOD ORTHO TX INSTALLMENT	223.00	223.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805015

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003893

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JOSHUA C VANCE
C/O ANGELA RAKER
160 B TRENDY DRIVE
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$89.00 Applied to: 16003893				
11/28/2016	(16003893) PERIOD ORTHO TX INSTALLMENT	89.00	89.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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www.wsdentalcare.com

Account No: 805032

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003909

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

T'KYAH F HURT
C/O MELODY HURT
284 KONNOAK VILLAGE CIRCLE
WINSTON SALEM, NC 27127

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/23/2016	VISA: \$93.75 Applied to: 16003909				
11/28/2016	(16003909) PERIOD ORTHO TX INSTALLMENT	93.75	93.75		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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Account No: 805062

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003936

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ANNALISE ZUIDEMA
C/O KEVIN A ZUIDEMA
923 RIDGEGATE DRIVE
LEWISVILLE, NC 27023

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$71.50 Applied to: 16003936				
11/28/2016	(16003936) PERIOD ORTHO TX INSTALLMENT	71.50	71.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 805051

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003927

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

CIERRA GODFREY
C/O BERNICE ROBERTS
4206 GARDEN ST
WINSTON SALEM, NC 27105

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
09/10/2015	Cash: \$229.00 Applied to: 15001594				
09/28/2015	(15001594) INITIAL ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
10/05/2015	Credit Card Draft: \$229.00 Applied to: 15001772				
10/28/2015	(15001772) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
11/05/2015	Credit Card Draft: \$229.00 Applied to: 15001972				
11/23/2015	(15001972) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
12/07/2015	Credit Card Draft: \$229.00 Applied to: 15002126				
12/21/2015	(15002126) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
01/06/2016	Bank Draft: \$229.00 Applied to: 16002286				
01/21/2016	(16002286) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
02/05/2016	Bank Draft: \$229.00 Applied to: 16002455				
02/23/2016	(16002455) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
03/09/2016	Bank Draft: \$229.00 Applied to: 16002638				
03/28/2016	(16002638) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
04/06/2016	Bank Draft: \$229.00 Applied to: 16002789				
04/26/2016	(16002789) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
05/06/2016	Bank Draft: \$229.00 Applied to: 16002958				
05/23/2016	(16002958) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
06/07/2016	Bank Draft: \$229.00 Applied to: 16003115				
06/24/2016	(16003115) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
07/06/2016	Bank Draft: \$229.00 Applied to: 16003268				
07/25/2016	(16003268) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00
08/08/2016	Bank Draft: \$229.00 Applied to: 16003434				
08/25/2016	(16003434) PERIOD ORTHO TX INSTALLMENT	229.00	229.00		\$0.00

09/07/2016	Bank Draft: \$229.00 Applied to: 16003589			
09/23/2016	(16003589) PERIOD ORTHO TX INSTALLMENT	229.00	229.00	\$0.00
10/06/2016	Bank Draft: \$229.00 Applied to: 16003753			
10/25/2016	(16003753) PERIOD ORTHO TX INSTALLMENT	229.00	229.00	\$0.00
11/10/2016	Bank Draft: \$229.00 Applied to: 16003927			
11/28/2016	(16003927) PERIOD ORTHO TX INSTALLMENT	229.00	229.00	\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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(336) 331-3500

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www.wsdentalcare.com

Account No: 805116

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003978

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

SAMAY DESAI
C/O MAYANK DESAI
4257 LOCHURST DR
PFAFFTOWN, NC 27040-9821

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$239.50 Applied to: 16003978				
11/28/2016	(16003978) PERIOD ORTHO TX INSTALLMENT	239.50	239.50		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805054

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003929

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

Charity D Bonifacio
2749 Sundance Trail
Trinity, NC 27370

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$223.00 Applied to: 16003929				
11/28/2016	(16003929) PERIOD ORTHO TX INSTALLMENT	223.00	223.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

Winston-Salem
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Kenneth M. Sadler, DDS and Associates P.A.

"Dental Care That Makes You Smile"

201 Charlois Boulevard
(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805066

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003939

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

OLIVER DOSS
C/O LEAH GROVER
P O BOX 1
RURAL HALL, NC 27045

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$157.00 Applied to: 16003939				
11/28/2016	(16003939) PERIOD ORTHO TX INSTALLMENT	157.00	157.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
Dental Care

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www.ws dentalcare.com

Account No: 805083

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003952

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

RASHAWN REDMOND-WEBSTER
C/O SANDRA REDMOND
9015 BOBBITT WAY
CHARLOTTE, NC 28216

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$131.00 Applied to: 16003952				
11/28/2016	(16003952) PERIOD ORTHO TX INSTALLMENT	131.00	131.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Account No: 805084

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003953

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

BAYTOP FOSTER
C/O BROOCKS FOSTER
4880 CENTURY OAKS LN
WINSTON SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/23/2016	VISA: \$200.00 Applied to: 16003953				
11/28/2016	(16003953) PERIOD ORTHO TX INSTALLMENT	200.00	200.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Account No: 805164

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004015

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MARY DAVIS
C/O KATHERINE DAVIS
103 LOIS LANE
LEXINGTON, NC 27295

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$124.00 Applied to: 16004015				
11/28/2016	(16004015) PERIOD ORTHO TX INSTALLMENT	124.00	124.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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www.wsdentalcare.com

Account No: 805101

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003966

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

ERICA N LEVY
C/O TERESA LEVY
391 ACT DRIVE
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Cash: \$102.00 Applied to: 16003966				
11/28/2016	(16003966) PERIOD ORTHO TX INSTALLMENT	102.00	102.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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www.wsdentalcare.com

Account No: 805113

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003975

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MORGAN STURTEVANT
ERIC STURTEVANT
445 WARREN BRIDGE RD
UNION GROVE, NC 28689

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$56.00 Applied to: 16003975				
11/28/2016	(16003975) PERIOD ORTHO TX INSTALLMENT	56.00	56.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103
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Account No: 805109

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003972

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

HANNAH FERRIS
C/O JAMES FERRIS
1360 BETHESDA CHURCH RD
MADISON, NC 27025

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$148.00 Applied to: 16003972				
11/28/2016	(16003972) PERIOD ORTHO TX INSTALLMENT	148.00	148.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805131

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16003989

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

JACKSON GRANILLO
C/O ERIC GRANILLO
529 INVERNESS DR
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
08/11/2016	VISA: \$94.00 Applied to: 16003989				
11/14/2016	VISA: \$93.75 Applied to: 16003989				
11/28/2016	(16003989) PERIOD ORTHO TX INSTALLMENT	93.75	93.75		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805147

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004002

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

LAMARR G WITHERSPOON
380 RAVEN RIDGE DR APT D
KERNERSVILLE, NC 27284

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$298.00 Applied to: 16004002				
11/28/2016	(16004002) PERIOD ORTHO TX INSTALLMENT	298.00	298.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Winston-Salem, NC 27103

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www.wsdentalcare.com

Account No: 805130

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)

16003988

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

TANGANIKA JONES
156 MOUNT OLIVE DR
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$181.25 Applied to: 16003988				
11/28/2016	(16003988) PERIOD ORTHO TX INSTALLMENT	181.25	181.25		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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Account No: 805157

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004010

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MASIE DOWNS
C/O LEONOR LOERA
3931 TALCOTT AVE
WINSTON SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	VISA: \$142.00 Applied to: 16004010				
11/28/2016	(16004010) PERIOD ORTHO TX INSTALLMENT	142.00	142.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805150

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004005

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

MACKENZIE MCELROY
C/O ERIN MCELROY
308 OAK GLEN DR
WINSTON SALEM, NC 27107

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/22/2016	MasterCard: \$84.00 Applied to: 16004005				
11/28/2016	(16004005) PERIOD ORTHO TX INSTALLMENT	84.00	84.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

Winston-Salem
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(336) 331-3500

Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805163

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004014

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

TEYANNA A BENJAMIN
C/O KIKAXY VAUGHAN
3046 CAMERON VILLAGE COURT
WINSTON SALEM, NC 27103

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
11/08/2016	Credit Card Draft: \$125.00 Applied to: 16004014				
11/28/2016	(16004014) PERIOD ORTHO TX INSTALLMENT	125.00	125.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
Please call (336) 331-3632

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Winston-Salem, NC 27103

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Winston-Salem, NC 27103
www.wsdentalcare.com

Account No: 805148

Statement Date: 11/28/2016

Terms: DUE UPON RECEIPT

INVOICE NUMBER(S)
16004003

PLEASE REMIT PAYMENTS TO:

Kenneth M. Sadler, DDS and Associates, PA

LARRIE GATEAU-CARRINGTON
C/O BARBARA GATEAU-CARRINGTON
5372 KINGSWELL DR
WINSTON SALEM, NC 27106

PLEASE PAY THIS AMOUNT	TOTAL DUE
	\$0.00

Check No _____

Amount Paid _____

PLEASE RETURN TOP PORTION WITH PAYMENT -- KEEP THIS PORTION FOR YOUR RECORDS. IT WILL NOT BE REPRODUCED.

Date	Description	Amount Due	Paid	Adjustment	Current Due
10/31/2016	VISA: \$265.00 Applied to: 16004003				
11/28/2016	(16004003) PERIOD ORTHO TX INSTALLMENT	77.00	77.00		\$0.00

PAY THIS AMOUNT

\$0.00

For questions about your orthodontics bill,
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Kenneth M. Sadler, DDS and Associates, PA
201 Charlois Boulevard
Winston-Salem, NC 27103

