

Tran Loc: ALL

0081960 MARTINEZ, DIANA PP WOODS DENTAL GROUP & ORTHO  
 245 FM 1488 APT. 45 Z 3600 FM 1488, STE 90  
 CONROE, TX 77384 915-888-6039 CONROE, TX 77384  
 606-547-1876 936-271-5440

DATE	DR	DESCRIPTION	T#	SURF.	FOR	PRIMARY	SEC	TOTAL	BALANCE
2021									
02/19		MV* MASTERCARD/VISA	1-1		0 DIANA			341.00-	341.00-
02/19	30	328 NO REFERRAL NEEDE			0 DIANA				341.00-
02/19	30	10 INITIAL EXAM			0 DIANA	45.00		45.00	296.00-
02/19	30	724 NIGHTGUARD (HARD)			0 DIANA	123.00		246.00	50.00-
02/19	22	50 PROPHYLAXIS - ADU			0 DIANA	54.00		54.00	4.00
02/19	22	19 SET RECALL DATE		6	0 DIANA				4.00
02/19	22	433 ORAL HYGIENE INST			0 DIANA				4.00
02/19	22	68 FLUORIDE VARNISH-			0 DIANA	44.00		44.00	48.00
02/19	22	73 FM IRR W/GROSS SC	1		0 DIANA			88.00	136.00
02/19	22	414 BAC DECON	1		0 DIANA			130.00	266.00
02/19	5	1 XRAY CONVERSION			1 ROBERT				
02/19		MV* MASTERCARD/VISA	1-1		1 ROBERT			333.60-	67.60-
02/19	5	112 FULL MOUTH X-RAY			1 ROBERT	87.00		87.00	19.40
02/19	5	4 PHOTO INTRA ORAL			1 ROBERT				19.40
02/19	5	4 PHOTO INTRA ORAL			1 ROBERT				19.40
02/19	5	4 PHOTO INTRA ORAL			1 ROBERT				19.40
02/19	5	4 PHOTO INTRA ORAL			1 ROBERT				19.40
02/19	5	125 PANO FILM ONLY			1 ROBERT				19.40
02/19	30	645 COMPOSITE POST 2	1	OL	1 ROBERT	95.20		119.00	138.40
02/19	30	645 COMPOSITE POST 2	3	OL	1 ROBERT	95.20		119.00	257.40
02/19	30	79 DESENSITIZER	1		1 ROBERT			22.00	279.40
02/19	30	79 DESENSITIZER	3		1 ROBERT			22.00	301.40
02/19	30	76 CHLORHEXIDINE			1 ROBERT			30.00	331.40
02/19	30	68 FLUORIDE VARNISH-			1 ROBERT				331.40
02/19	30	328 NO REFERRAL NEEDE			1 ROBERT				331.40
02/19	30	10 INITIAL EXAM			1 ROBERT	45.00		45.00	376.40
02/19	22	412 PERIO RP 1-3 TH/Q		UR	1 ROBERT	53.00		106.00	482.40
02/19	22	433 ORAL HYGIENE INST			1 ROBERT				482.40
02/19	22	412 PERIO RP 1-3 TH/Q		UL	1 ROBERT	53.00		106.00	588.40
02/19	22	412 PERIO RP 1-3 TH/Q		LL	1 ROBERT	53.00		106.00	694.40
02/19	22	412 PERIO RP 1-3 TH/Q		LR	1 ROBERT	53.00		106.00	800.40
02/23	30	937 PRIM 02/19 \$1281			0 DIANA	3870 GEHA CONNECTION DENTAL			
		PAID 04/21 \$.00 2007 DENIED				\$266.00X			800.40
02/25	30	937 PRIM 02/19 \$2386			1 ROBERT	3870 GEHA CONNECTION DENTAL			
		PAID 03/29 \$552.70 2074			PAID	\$534.40X			800.40
02/26		MV* MASTERCARD/VISA	1-1		1 ROBERT			45.80-	754.60
02/26	30	645 COMPOSITE POST 2	16	OL	1 ROBERT	95.20		119.00	873.60
02/26	30	79 DESENSITIZER	16		1 ROBERT			22.00	895.60
03/02	30	937 PRIM 02/26 \$357			1 ROBERT	3870 GEHA CONNECTION DENTAL			
		PAID 03/19 \$95.20 2188			PAID	\$95.20X			895.60
03/04	5	110 SINGLE X-RAY			1 ROBERT	16.00		16.00	911.60
03/04	30	29 LIMITED EXAM	15		1 ROBERT				911.60
03/06	30	937 PRIM 03/04 \$117			1 ROBERT	3870 GEHA CONNECTION DENTAL			
		PAID 03/29 \$16.00 2371			PAID	\$16.00X			911.60
03/19		86* INSURANCE PAYMENT CO#	0	1	ROBERT	95.20-		95.20-	816.40

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DATE	DR	DESCRIPTION	T#	SURF.	FOR	PRIMARY	SEC	TOTAL	BALANCE
03/29	86*	INSURANCE PAYMENT	CO#	0 1	ROBERT	16.00-		16.00-	800.40
03/29	86*	INSURANCE PAYMENT	CO#	0 1	ROBERT	552.70-		552.70-	247.70
03/29	5 ED*	ERA DEBIT	CO#	0 1	ROBERT	2.97		2.97	250.67
03/29	30 ED*	ERA DEBIT	CO#	0 1	ROBERT	8.06		8.06	258.73
03/29	22 ED*	ERA DEBIT	CO#	0 1	ROBERT	7.27		7.27	266.00
2022		..PREVIOUS BALANCE..				266.00		266.00	266.00
01/31	30 RI*	REQUIRED INFORMAT	CO#	0 0	DIANA	168.00-			266.00
01/31	22 RI*	REQUIRED INFORMAT	CO#	0 0	DIANA	98.00-			266.00
02/06	5 168	ACCT BAL REVIEWED		0	DIANA				266.00
03/06	30 ZD*	BALANCE XFER TO E		0	DIANA			168.00-	98.00
03/06	22 ZD*	BALANCE XFER TO E		0	DIANA			98.00-	

-----PERIOD-----					-----TOTAL-----				
		INSURANCE	PAT. RESP.	TOTAL		INSURANCE	PAT. RESP.	TOTAL	
CHARGE	36	911.60	720.40	1632.00	36	911.60	720.40	1632.00	
ADJUST	7	247.70-		247.70-	7	247.70-		247.70-	
PAYMNT	6	663.90-	720.40-	1384.30-	6	663.90-	720.40-	1384.30-	
	49				49				

-----DEPENDENTS-----					
DEPENDENT	R	BIRTHDAY	DOCTOR	RECALL	
0 MARTINEZ, DIANA	F	03/11/93	30 30	08/20/21	
1 YOUNG, ROBERT	H	10/07/89	30	02/05/22	

-----INSURANCE-----			
REC HOLDER	PLAN/LOC/SSN	GROUP/POLICY/EMPLOYER	COVERAGE
001 0 MARTINEZ, DIANA	64012	AA	BH-----
		30385047	11-----
	639-34-5842	FED GOV	

-----TREATMENT PLAN-----									
DP	ITEM	DR	DESCRIPTION	T#	SURF	UCF	PRIM	SEC	PATIENT
0 1.		5	1 ACCEPTED/PLANNED						
0 1.	50	30	644 COMPOSITE POST	2	O	221.00	68.80		17.20
0 1.	60	30	79 DESENSITIZER	2		100.00			22.00
0 1.	80	30	645 COMPOSITE POST	19	OB	257.00	95.20		23.80
0 1.	90	30	79 DESENSITIZER	19		100.00			22.00
0 1.	100	30	645 COMPOSITE POST	30	OB	257.00	95.20		23.80
0 1.	110	30	79 DESENSITIZER	30		100.00			22.00
0 1.	120	30	645 COMPOSITE POST	3	OL	257.00	95.20		23.80
0 1.	130	30	79 DESENSITIZER	3		100.00			22.00