

Jan / 9 / 2013.

Sub: Bill Submission for MRK00212101010007801

Hello,

~~This is~~
I have attached the 3 page Statement I got from "A+ Family Dental Care P.C." for the payment of \$14.60 on 10/8/2012 for my daughter RIYA SENTHIL. This particular item is on the last page (last line in Payment table) and is circled for your easy reference.

Also, I am not sure if why you keep denying legitimate expenses.

Thank you.

Sincerely,



Senthil Murugan.

Jan / 9 / 2013.

A + FAMILY DENTAL CARE P.C.

1500 HORIZON DR, SUITE 104

CHALFONT PA 18914

DATE	STATEMENT NO
01-03-2013	N/A

BACK

BILL TO :
SENTHIL RIYA
110 GALWAY CIRLCE
CHALFONT PA 18914-

TERMS	DUE DATE
ON RECEIPT	01-10-2013

TOTAL PREPAID: \$0.00		CREDIT BALANCE : \$0.00				
DATE	PREPAID BY PATIENT					
N/A						
TOTAL BCF: \$0.00		BCF PAID: \$0.00		BCF TO BE PAID: \$0.00		
DATE	PATIENT PAID BCF					
N/A						
DATE	DESCRIPTION	CHARGE	INSURANCE PAID	PATIENT PAID	INCLUDE	AMOUNT TO BE PAID
08-26-2010	D0150 Comprehensive oral evaluation - new or established patient	\$0.00		\$0.00		\$0.00
09-16-2010	INSURANCE PAYMENT RECEIVED		\$81.00			
08-26-2010	D1120 Prophylaxis - child	\$0.00		\$0.00		\$0.00
09-16-2010	INSURANCE PAYMENT RECEIVED		\$47.00			
08-26-2010	D1203 topical application of fluoride - child	\$30.00		\$0.00		\$0.00
09-17-2010	INSURANCE PAYMENT RECEIVED		\$0.00			
10-06-2011	D1330 Oral hygiene instructions	\$0.00		\$0.00		\$0.00
10-31-2011	INSURANCE PAYMENT RECEIVED		\$0.00			
10-06-2011	D1203 topical application of fluoride - child	\$0.00		\$0.00		\$0.00
10-31-2011	INSURANCE PAYMENT RECEIVED		\$30.00			
10-06-2011	D0150 Comprehensive oral evaluation - new or established patient	\$0.00		\$0.00		\$0.00

10-31-2011	INSURANCE PAYMENT RECEIVED		\$81.00			
10-06-2011	D0272 Bitewings - two radiographic images	\$0.00		\$0.00		\$0.00
10-31-2011	INSURANCE PAYMENT RECEIVED		\$0.00			
10-06-2011	D0330 Panoramic radiographic image	\$0.00		\$0.00		\$0.00
10-31-2011	INSURANCE PAYMENT RECEIVED		\$102.00			
10-06-2011	D1120 Prophylaxis - child	\$0.00		\$0.00		\$0.00
10-31-2011	INSURANCE PAYMENT RECEIVED		\$47.00			
10-13-2011	D2392 Resin-based composite - two surfaces, posterior	\$92.60		\$78.00		\$0.00
11-04-2011	INSURANCE PAYMENT RECEIVED		\$30.40			
10-13-2011	D0220 Intraoral - periapical first radiographic image	\$0.00		\$0.00		\$0.00
11-04-2011	INSURANCE PAYMENT RECEIVED		\$25.00			
04-19-2012	D1203 topical application of fluoride - child	\$0.00		\$0.00		\$0.00
05-17-2012	INSURANCE PAYMENT RECEIVED		\$30.00			
04-19-2012	D1120 Prophylaxis - child	\$0.00		\$0.00		\$0.00
05-17-2012	INSURANCE PAYMENT RECEIVED		\$47.00			
04-19-2012	D1330 Oral hygiene instructions	\$0.00		\$0.00		\$0.00
05-17-2012	INSURANCE PAYMENT RECEIVED		\$0.00			
04-19-2012	D0272 Bitewings - two radiographic images	\$0.00		\$0.00		\$0.00
05-17-2012	INSURANCE PAYMENT RECEIVED		\$32.00			
04-19-2012	D0120 Periodic oral evaluation - established patient	\$0.00		\$0.00		\$0.00
05-17-2012	INSURANCE PAYMENT RECEIVED		\$37.00			
		TOTAL PAT CHARGE:	TOTAL INS PAID:	TOTAL PATIENT PAID:		
		\$122.60	\$589.40	\$78.00		
TOTAL:						\$0.00

PATIENT NAME: SENTHIL RIYA		INS: METLIFE DENTAL(PPO)		
PAYMENT				
PAYMENT MODE	DATE	CHECK NO	CC NO	PAYMENT
DEDUCTIBLE				\$0.00
N/A	08-26-2010	N/A	N/A	N/A
CREDIT CARD	10-06-2011	N/A	5932	\$30.00
CREDIT CARD	10-13-2011	N/A	5932	\$78.00
N/A	04-19-2012	N/A	N/A	N/A
CREDIT CARD	10-08-2012	N/A	5932	\$14.60
			TOTAL	\$122.60