

PATIENT RECEIPT

HighPoint Pediatric Dental Assoc.
 1600 Horizon Drive
 Suite 101
 Chalfont PA 18914
 (215) 822-4042

DATE	ACCOUNT NO.
12/20/2012	4025-2

Ramya Balaram
 110 Galway Circle
 Chalfont PA 18914

PATIENT	DESCRIPTION	CHARGE	CREDIT	EXPECTED INS.	PATIENT CHARGE
Riya	Master Card 582333		179.50		
Riya	AMAL 2 SUR PRIMARY	112.00		112.00	.00
10/10/2012	ADA: D2150 Tooth: K Surf: MO				
Riya	STAINLESS STEEL CRN	195.00		195.00	.00
10/10/2012	ADA: D2930 Tooth: L				
Riya	VITAL PULPOTOMY	160.00		160.00	.00
10/10/2012	ADA: D3220 Tooth: L				
Riya	NITROUS OXIDE	45.00		45.00	.00
10/10/2012	ADA: D9230				
Riya	PDO Contract		135.00		
	Highpoint Pediatric Denta Tax ID. 204233706 LIC. 18777				

SUMMARY	INSURANCE	PATIENT	ADDITIONAL INFORMATION/APPOINTMENT SCHEDULING
PREVIOUS ACCOUNT BALANCE	-512.00	314.50	
CHARGES FOR TODAY'S VISIT	+ 512.00	+ .00	
PAYMENT		- 314.50	
CURRENT ACCOUNT BALANCE	.00	.00	
TOTAL OBLIGATION		.00	
PLEASE PAY THIS AMOUNT ----> .00			

If your insurance company pays more than expected, you will be credited the difference. If your insurance company pays less than expected, you will be charged the difference. Final responsibility for payment rests with the person to whom this receipt is addressed.