

TREATMENT PLAN DETAILED REPORT

PRACTICE
07/07/07 TO 01/04/10

ALL OUTSTANDING TREATMENT PLANS

1301 James Lowry H:(410)555-9393 W:(410)555-3000 x
Age: 34 G1: James Lowry
 Group #1 **** ACCEPTED ****

Fictitious Data

<u>Planned</u>	<u>Code</u>	<u>*</u>	<u>Dr.</u>	<u>T</u>	<u>Surf.</u>	<u>Description</u>	<u>Patient</u>	<u>Insurance</u>	<u>Write Off</u>	<u>Total</u>
11/26/09	2385.00	P	1	02	O	Composite 1 Sur Post	21.60	86.40	0.00	108.00
11/26/09	2330.00	P	1	06	I	Resin Composite - 1 Surface, Anterior	20.60	82.40	0.00	103.00
11/26/09	2740.00	P	1	12		Crown - Porcelain/Ceramic Substrate	680.00	0.00	0.00	680.00
11/26/09	3320.00	P	1	12		Root Canal Therapy - Bicuspid	335.40	161.60	0.00	497.00
11/26/09	2740.00	P	1	13		Crown - Porcelain/Ceramic Substrate	680.00	0.00	0.00	680.00
11/26/09	2740.00	P	1	14		Crown - Porcelain/Ceramic Substrate	680.00	0.00	0.00	680.00
11/26/09	3330.00	P	1	14		Root Canal Therapy - Molar	475.00	0.00	130.00	605.00
11/26/09	2385.00	P	1	14	D	Composite 1 Sur Post	21.60	86.40	0.00	108.00
11/26/09	2740.00	P	1	15		Crown - Porcelain/Ceramic Substrate	680.00	0.00	0.00	680.00
11/26/09	3330.00	P	1	15		Root Canal Therapy - Molar	95.00	380.00	130.00	605.00
11/26/09	2386.00	P	1	30	FO	Composite 2 Sur Post	29.20	116.80	0.00	146.00
11/26/09	2385.00	P	1	31	L	Composite 1 Sur Post	21.60	86.40	0.00	108.00

Total: 5000.00 1000.00 260.00

Primary: 0.00 Deductible 307.50 Y-T-D Used 307.50 Y-T-D Used Incl. Treat. Plan 692.50 Y-T-D Unused

1303 David Pedo H:(410)555-9393 W:() - x
Age: 9 G1: James Lowry
 Group #1 **** SCHEDULED **** Appt on January 4, 2010 at 10:45a **

<u>Planned</u>	<u>Code</u>	<u>*</u>	<u>Dr.</u>	<u>T</u>	<u>Surf.</u>	<u>Description</u>	<u>Patient</u>	<u>Insurance</u>	<u>Write Off</u>	<u>Total</u>
01/04/10	1351.00	P	1	02	MOD	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	03	OMD	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	14	ODM	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	15	OMD	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	18	MOD	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	19	MCD	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	30	DOM	Sealant - Per Tooth	0.00	43.00	0.00	43.00
01/04/10	1351.00	P	1	31	DOM	Sealant - Per Tooth	0.00	43.00	0.00	43.00

Total: 344.00 1344.00 0.00

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

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Sample Sample

TREATMENT PLAN DETAILED REPORT

PRACTICE

07/07/07 TO 01/04/10

ALL OUTSTANDING TREATMENT PLANS

1501 Roger Nicholas H:(410)555-9292 W:(410)555-6990 x
Age: 42 G1: Roger Nicholas
 Group #1 **** ACCEPTED ****

Fictitious Data

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
11/24/09	7120.00	P	1	01		Additional Uncomplicated Extraction	0.00	91.00	91.00
11/24/09	2740.00	P	1	02		Porcelain Crown	232.00	448.00	680.00
11/24/09	2385.00	P	1	03	L	Posterior Resin One Surface Permanent	0.00	108.00	108.00
11/24/09	2385.00	P	1	04	L	Posterior Resin One Surface Permanent	0.00	108.00	108.00
11/24/09	2330.00	P	1	08	L	Anterior Resin Restoration	0.00	103.00	103.00
11/24/09	2385.00	P	1	12	L	Posterior Resin One Surface Permanent	0.00	108.00	108.00
11/24/09	2740.00	P	1	15		Porcelain Crown	340.00	340.00	680.00
11/24/09	7110.00	P	1	16		Extraction-single Uncomplicated	0.00	96.00	96.00
11/24/09	7120.00	P	1	17		Additional Uncomplicated Extraction	0.00	91.00	91.00
11/24/09	2740.00	P	1	18		Porcelain Crown	583.00	97.00	680.00
11/24/09	2740.00	P	1	19		Porcelain Crown	680.00	0.00	680.00
11/24/09	2330.00	P	1	25	F	Anterior Resin Restoration	0.00	103.00	103.00
11/24/09	2385.00	P	1	28	O	Posterior Resin One Surface Permanent	0.00	108.00	108.00
11/24/09	2385.00	P	1	30	L	Posterior Resin One Surface Permanent	0.00	108.00	108.00
11/24/09	7120.00	P	1	32		Additional Uncomplicated Extraction	0.00	91.00	91.00

Total: 3835.00 2000.00 Ins.

Primary: 0.00 Deductible 307.50 Y-T-D Used 307.50 Y-T-D Used Incl. Treat. Plan 692.50 Y-T-D Unused
 Secondary: 0.00 Deductible 327.50 Y-T-D Used 327.50 Y-T-D Used Incl. Treat. Plan 672.50 Y-T-D Unused

1502 Elizabeth Nicholas H:(410)555-9292 W:(410)555-7363 x700
Age: 40 G1: Roger Nicholas
 Group #1 **** DIAGNOSED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/04/10	2387.00	P	1	29	MOL	Posterior Resin Three Surface Permanent	0.00	186.00	186.00
01/04/10	2386.00	P	1	30	OL	Posterior Resin Two Surface Permanent	0.00	146.00	146.00

Total: 332.00 332.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused
 Secondary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

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Sample Sample

TREATMENT PLAN DETAILED REPORT

PRACTICE
07/07/07 TO 01/04/10

ALL OUTSTANDING TREATMENT PLANS

1503 Jason Nicholas H:(410)555-9292 W:() - x
Age: 12 G1: Roger Nicholas
 Group #1 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
12/05/09	7120.00	P	1	01		Additional Uncomplicated Extraction	0.00	91.00	91.00
12/05/09	2960.00	P	1	06		Bonded Veneer Chairside	0.00	298.00	298.00
12/05/09	2960.00	P	1	07		Bonded Veneer Chairside	0.00	298.00	298.00
12/05/09	2960.00	P	1	08		Bonded Veneer Chairside	0.00	298.00	298.00
12/05/09	2960.00	P	1	09		Bonded Veneer Chairside	59.60	238.40	298.00
12/05/09	2960.00	P	1	10		Bonded Veneer Chairside	59.60	238.40	298.00
12/05/09	2960.00	P	1	11		Bonded Veneer Chairside	59.60	238.40	298.00
12/05/09	7110.00	P	1	16		Extraction-single Uncomplicated	0.00	96.00	96.00
12/05/09	7120.00	P	1	17		Additional Uncomplicated Extraction	0.00	91.00	91.00
12/05/09	7120.00	P	1	32		Additional Uncomplicated Extraction	0.00	91.00	91.00

Total: 2157.00 1978.20 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused
 Secondary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

1701 Harold Poll H:(410)334-9990 W:(410)558-900 x
Age: 40 G1: Harold Poll
 Group #1 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
11/24/09	7110.00	P	1	01		Extraction-single Uncomplicated	96.00	0.00	96.00
11/24/09	2960.00	P	1	06		Bonded Veneer Chairside	251.60	46.40	298.00
11/24/09	2960.00	P	1	07		Bonded Veneer Chairside	59.60	238.40	298.00
11/24/09	2960.00	P	1	08		Bonded Veneer Chairside	59.60	238.40	298.00
11/24/09	2960.00	P	1	09		Bonded Veneer Chairside	59.60	238.40	298.00
11/24/09	2960.00	P	1	10		Bonded Veneer Chairside	59.60	238.40	298.00
11/24/09	2960.00	P	1	11		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2740.00	P	1	14		Porcelain Crown	680.00	0.00	680.00
11/24/09	3330.00	P	1	14		Root Canal Three Canals	605.00	0.00	605.00
11/24/09	7120.00	P	1	16		Additional Uncomplicated Extraction	91.00	0.00	91.00
11/24/09	7120.00	P	1	17		Additional Uncomplicated Extraction	91.00	0.00	91.00
11/24/09	2740.00	P	1	18		Porcelain Crown	680.00	0.00	680.00
11/24/09	3330.00	P	1	18		Root Canal Three Canals	605.00	0.00	605.00
11/24/09	2740.00	P	1	19		Porcelain Crown	680.00	0.00	680.00
11/24/09	3330.00	P	1	19		Root Canal Three Canals	605.00	0.00	605.00
11/24/09	7120.00	P	1	2		Additional Uncomplicated Extraction	91.00	0.00	91.00

Total: 6012.00 1000.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

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TREATMENT PLAN DETAILED REPORT

PRACTICE

07/07/07 TO 01/04/10

ALL OUTSTANDING TREATMENT PLANS

1702 Pauline Poll H:(410)334-9990 W:() - x
Age: 35 G1: Harold Poll
 Group #1 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
12/05/09	2752.00	P	1	02		Crown Porcelain Semi Precious	360.00	320.00	680.00
12/05/09	2752.00	P	1	03		Crown Porcelain Semi Precious	680.00	0.00	680.00
12/05/09	2752.00	P	1	07		Crown Porcelain Semi Precious	680.00	0.00	680.00

Total: 2040.00 320.00 Ins.

Primary: 0.00 Deductible 464.00 Y-T-D Used 464.00 Y-T-D Used Incl. Treat. Plan 536.00 Y-T-D Unused

1902 Mary Grant H:(410)555-6983 W:() - x
Age: 40 G1: Jeffrey Grant
 Group #1 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
11/24/09	2960.00	P	1	06		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	07		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	08		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	09		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	10		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	11		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	26		Bonded Veneer Chairside	298.00	0.00	298.00
11/24/09	2960.00	P	1	27		Bonded Veneer Chairside	298.00	0.00	298.00

Total: 2384.00 0.00 Ins.

2401 Robert M. Endo H:(410)555-1114 W:(410)555-4000 x189
Age: 44 G1: Robert M. Endo
 Group #1 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/09	3330.00	P	4	19		Root Canal Three Canals	95.00	510.00	605.00

Total: 605.00 510.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 700.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

TREATMENT PLAN DETAILED REPORT

PRACTICE

07/07/07 TO 01/04/10

ALL OUTSTANDING TREATMENT PLANS

Group #2 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>	
01/02/10	3310.02	P	4	19		Root Canal Appointment 2	0.00	0.00	0.00	
							Total:	0.00	0.00 Ins.	
Primary:	25.00	Deductible			0.00	Y-T-D Used	700.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused

Fictitious Data

Group #3 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>	
01/02/10	3310.03	P	4	19		Final Root Canal Appointment	0.00	0.00	0.00	
							Total:	0.00	0.00 Ins.	
Primary:	25.00	Deductible			0.00	Y-T-D Used	700.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused

Group #4 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>	
01/02/10	2954.00	P	4			Prefab. Post & Core	0.00	0.00	0.00	
01/02/10	2752.00	P	4	19		Crown Porcelain Semi Precious	320.00	360.00	680.00	
							Total:	680.00	360.00 Ins.	
Primary:	25.00	Deductible			0.00	Y-T-D Used	700.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused

Group #5 ** ACCEPTED **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>	
01/02/10	2752.50	P	4			Crown Seated	0.00	0.00	0.00	
							Total:	0.00	0.00 Ins.	
Primary:	25.00	Deductible			0.00	Y-T-D Used	700.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused

Sample

TREATMENT PLAN DETAILED REPORT

PRACTICE
07/05/03 TO 04/28/09

ALL OUTSTANDING TREATMENT PLANS

2801 John McKenzie H:(410)555-2014 W:(410)555-3829 x219
Age: 49 G1: John McKenzie
 Group #1 **** ACCEPTED ****

Fictitious Data

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
12/05/05	2752.00	P	1	02		Crown Porcelain Semi Precious	680.00	0.00	680.00
12/05/05	3330.00	P	1	02		Root Canal Three Canals	605.00	0.00	605.00
12/05/05	2752.00	P	1	15		Crown Porcelain Semi Precious	680.00	0.00	680.00
12/05/05	3330.00	P	1	15		Root Canal Three Canals	121.00	484.00	605.00
12/05/05	2752.00	P	1	19		Crown Porcelain Semi Precious	680.00	0.00	680.00
12/05/05	3330.00	P	1	19		Root Canal Three Canals	121.00	484.00	605.00
12/05/05	2752.00	P	1	20		Crown Porcelain Semi Precious	680.00	0.00	680.00
12/05/05	3320.00	P	1	20		Root Canal Two Canals	465.00	32.00	497.00

Total: 5032.00 1000.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

2903 Sierra Reeves H:(410)555-2007 W:() - x
Age: 9 G1: Scott M. Reeves
 Group #1 **** SCHEDULED **** **APPT SCHEDULED MANUALLY ****
 TICKLER ENTRY **

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	2740.00	P	1	15		Porcelain Crown	0.00	680.00	680.00
01/02/06	3330.00	P	1	15		Root Canal Three Canals	0.00	605.00	605.00

Total: 1285.00 1285.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused
 Secondary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

3102 Bonnie Ortho H:(410)555-7019 W:(410)555-9988 x
Age: 35 G1: Anthony Ortho
 Group #1 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
12/05/05	7110.00	P	1	01		Extraction-single Uncomplicated	96.00	0.00	96.00
12/05/05	2740.00	P	1	14		Porcelain Crown	406.00	274.00	680.00
12/05/05	3330.00	P	1	14		Root Canal Three Canals	89.00	516.00	605.00
12/05/05	2740.00	P	1	15		Porcelain Crown	680.00	0.00	680.00
12/05/05	3330.00	P	1	15		Root Canal Three Canals	0.00	605.00	605.00
12/05/05	7120.00	P	1	16		Additional Uncomplicated Extraction	91.00	0.00	91.00
12/05/05	7120.00	P	1	17		Additional Uncomplicated Extraction	91.00	0.00	91.00
12/05/05	2740.00	P	1	19		Porcelain Crown	680.00	0.00	680.00
12/05/05	3330.00	P	1	19		Root Canal Three Canals	0.00	605.00	605.00
12/05/05	7120.00	P	1	32		Additional Uncomplicated Extraction	91.00	0.00	91.00

Total: 4224.00 2000.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused
 Secondary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

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TREATMENT PLAN DETAILED REPORT

PRACTICE
07/05/03 TO 04/28/09

ALL OUTSTANDING TREATMENT PLANS

3203 Samantha Thomas H:(410)555-2208 W:() - x

Age: 16 G1: Daniel L. Thomas

Group #1 **** SCHEDULED **** APPT SCHEDULED MANUALLY **

TICKLER ENTRY **

Fictitious Data

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	3330.00	E	1	03		Root Canal Three Canals	121.00	484.00	605.00

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							Total:	605.00	484.00 Ins.	
Primary:	25.00	Deductible	0.00	Y-T-D Used	954.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused		
Secondary:	25.00	Deductible	0.00	Y-T-D Used	0.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused		

Group #2 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	2952.00	E	1	03		Preformed Dowel And Post	40.00	150.00	190.00

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							Total:	190.00	150.00 Ins.	
Primary:	25.00	Deductible	0.00	Y-T-D Used	954.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused		
Secondary:	25.00	Deductible	0.00	Y-T-D Used	0.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused		

Group #3 **** DIAGNOSED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	2752.00	E	1	03		Crown Porcelain Semi Precious	360.00	320.00	680.00

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							Total:	680.00	320.00 Ins.	
Primary:	25.00	Deductible	0.00	Y-T-D Used	954.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused		
Secondary:	25.00	Deductible	0.00	Y-T-D Used	0.00	Y-T-D Used Incl. Treat. Plan	1000.00	Y-T-D Unused		

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TREATMENT PLAN DETAILED REPORT

PRACTICE
07/05/03 TO 04/28/09

ALL OUTSTANDING TREATMENT PLANS

17105 **Joanne Abbey** **H:(678)123-4567** **W:() - x**
Age: 58 **G1: Donald Abbey**
 Group #1 **** DIAGNOSED ****

Fictitious Data

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	2960.00	P	1	07		Bonded Veneer Chairside	59.60	238.40	298.00
01/02/06	2960.00	P	1	08		Bonded Veneer Chairside	59.60	238.40	298.00
01/02/06	2960.00	P	1	09		Bonded Veneer Chairside	151.30	146.70	298.00
01/02/06	2960.00	P	1	10		Bonded Veneer Chairside	298.00	0.00	298.00

Total: 1192.00 623.50 Ins.

Primary: 0.00 Deductible 413.90 Y-T-D Used 413.90 Y-T-D Used Incl. Treat. Plan 586.10 Y-T-D Unused

Group #2 **** DIAGNOSED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	7120.00	P	1	01		Additional Uncomplicated Extraction	91.00	0.00	91.00
01/02/06	7110.00	P	1	16		Extraction-single Uncomplicated	96.00	0.00	96.00
01/02/06	7120.00	P	1	17		Additional Uncomplicated Extraction	91.00	0.00	91.00
01/02/06	7120.00	P	1	32		Additional Uncomplicated Extraction	91.00	0.00	91.00

Total: 369.00 0.00 Ins.

Primary: 0.00 Deductible 413.90 Y-T-D Used 413.90 Y-T-D Used Incl. Treat. Plan 586.10 Y-T-D Unused

Group #99 **** DIAGNOSED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURE.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	2962.00	S	1	07		Porcelain Laminate Laboratory	288.30	370.70	659.00
01/02/06	2962.00	S	1	08		Porcelain Laminate Laboratory	659.00	0.00	659.00
01/02/06	2962.00	S	1	09		Porcelain Laminate Laboratory	659.00	0.00	659.00
01/02/06	2962.00	S	1	10		Porcelain Laminate Laboratory	659.00	0.00	659.00

Total: 2636.00 370.70 Ins.

Primary: 0.00 Deductible 413.90 Y-T-D Used 413.90 Y-T-D Used Incl. Treat. Plan 586.10 Y-T-D Unused

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TREATMENT PLAN DETAILED REPORT

PRACTICE
07/05/03 TO 04/28/09

ALL OUTSTANDING TREATMENT PLANS

243201 **Norman Eaton** **H:(410)882-8828** **W:(410)888-7786 x76**
Age: 52 **G1: Norman Eaton**
 Group #1 **** DIAGNOSED ****

Fictitious Data

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	7120.00	P	1	01		Additional Uncomplicated Extraction	20.00	35.00	55.00
01/02/06	7110.00	P	1	16		Extraction-single Uncomplicated	20.00	40.00	60.00
01/02/06	7120.00	P	1	17		Additional Uncomplicated Extraction	20.00	35.00	55.00
01/02/06	2385.00	P	1	28	D	Posterior Resin One Surface Permanent	5.00	103.00	108.00
01/02/06	2387.00	P	1	29	DOM	Posterior Resin Three Surface Permanent	23.00	82.00	105.00
01/02/06	2387.00	P	1	30	ODM	Posterior Resin Three Surface Permanent	23.00	82.00	105.00
01/02/06	2386.00	P	1	31	MO	Posterior Resin Two Surface Permanent	18.00	78.00	96.00
01/02/06	7120.00	P	1	32		Additional Uncomplicated Extraction	20.00	35.00	55.00

Total: 639.00 490.00 Ins.

Primary: 25.00 Deductible 0.00 Y-T-D Used 0.00 Y-T-D Used Incl. Treat. Plan 1000.00 Y-T-D Unused

243501 **Penny Perio** **H:(800) -** **W:(800) - x**
Age: 42 **G1: Penny Perio**
 Group #1 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	4341.00	P	3		UL	Perio S/RP - 4+ Teeth per Quadrant	145.00	0.00	145.00

Total: 145.00 0.00 Ins.

Group #2 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	4341.00	P	3		LL	Perio S/RP - 4+ Teeth per Quadrant	145.00	0.00	145.00

Total: 145.00 0.00 Ins.

Group #3 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	4341.00	P	3		UR	Perio S/RP - 4+ Teeth per Quadrant	145.00	0.00	145.00

Total: 145.00 0.00 Ins.

TREATMENT PLAN DETAILED REPORT

PRACTICE
07/05/03 TO 04/28/09

ALL OUTSTANDING TREATMENT PLANS

Group #4 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	4341.00	P		3	LR	Perio S/PP - 4+ Teeth per Quadrant	145.00	0.00	145.00
							Total:	145.00	0.00 Ins.

Fictitious Data

Group #5 **** ACCEPTED ****

<u>PLANNED</u>	<u>CODE</u>	<u>*</u>	<u>DR.</u>	<u>T</u>	<u>SURF.</u>	<u>DESCRIPTION</u>	<u>PATIENT</u>	<u>INSURANCE</u>	<u>TOTAL</u>
01/02/06	1110.00	P		3		Prophylaxis - Adult	66.00	0.00	66.00
01/02/06	1330.00	P		3		Oral Hygiene Instructions	38.00	0.00	38.00
							Total:	104.00	0.00 Ins.

Total value of all planned treatments: \$ 40925.00