

INSURANCE PLAN ENCOUNTER REPORT

Plan Name: Anna's Floral Designs

Group: 25305

07/07/07 TO 01/07/13

Practice: ~~Demonstration Dentist~~
 Tax ID: 999999999

Fictitious Data

ID	PATIENT NAME/ EMPLOYEE NAME	PAT SSN/ EMPL SSN	DOS/ DOB	CODE	DESCRIPTION	TH/ SURF	RVU	FEE/ COPAY
602	Jennifer Davidson Davidson, Michael	372-98-7298 282-78-9728	01/04/10 01/18/78	150	Comprehensive Oral Eval - New or Est Pat		2	\$49.00 \$0.00
Total for Jennifer Davidson on 01/04/10 is \$49.00.								
1201	Marie Klien Klien, Marie	329-47-3287 329-47-3287	01/04/10 04/30/62	150	Comprehensive Oral Eval - New or Est Pat		2	\$49.00 \$0.00
Total for Marie Klien on 01/04/10 is \$49.00.								
1203	Peter Klien Klien, Marie	- - 329-47-3287	01/04/10 11/21/99 01/04/10	140 1120	Limited Oral Evaluation - Prob Focused Prophylaxis - Child		1 2	\$38.00 \$0.00 \$63.00
			01/04/10	274	Bitewings - Four Radiographic Images		1	\$52.00 \$0.00
Total for Peter Klien on 01/04/10 is \$153.00.								
2202	Dana Brown Brown, Dana	404-21-8651 404-21-8651	01/04/10 12/10/72	7140	Extraction, Erupted Tth or Exposed Root	01	0	\$175.00 \$80.00
			01/04/10	7140	Extraction, Erupted Tth or Exposed Root	16	0	\$175.00 \$80.00
Total for Dana Brown on 01/04/10 is \$350.00.								
2701	Anna Doe Doe, Anna	707-26-9111 707-26-9111	01/04/10 10/03/80	150	Comprehensive Oral Eval - New or Est Pat		2	\$49.00 \$0.00
Total for Anna Doe on 01/04/10 is \$49.00.								

Total Patients seen: 5
Total procedures performed: 8
Total Amount charged to patients: \$650.00

NOTE : RVU's are the Time Units from the current ADA file.

Sample