ORTHO INSURANCE DETAIL REPORT

Patients 3101 through		le User Codes: e User Codes:	Ι	
ID Name and Address	Orthodontic Case Information			
3101 Ortho, Anthony	Case Fee:	\$3,000.00	Insurance Portion:	\$1,000.00
2217 Baker Ave	Total Payments:	4	Payments Filled:	1
Perry Hall, MD 21128	Balance to Bill:	\$750.00	Monthly Payment:	\$250.00
(410)555-7019	titious	Dat	а	

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