Fillings

Doug Takeuchi DDS
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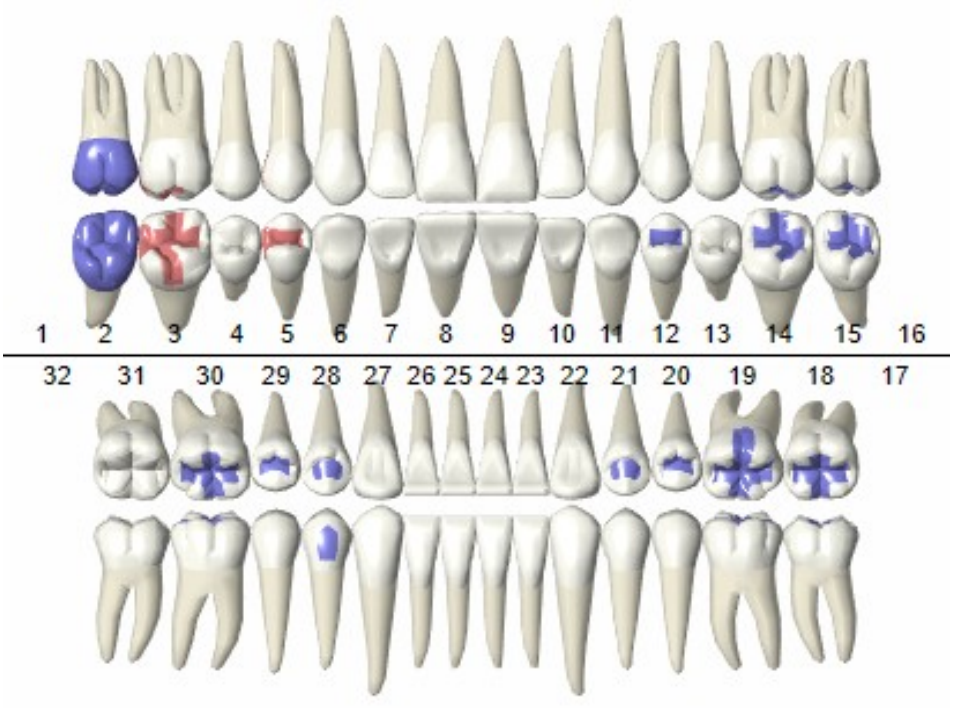
Robert B (1), DOB / /
11/ 0/2025



Existing Complete Referred Out Treatment Planned

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Pat
2	3	ODL		D2393	X	resin-based composite - three surfaces, posterior Pri Deduct Applied: $75.00	305.00	0.00	161.00	0.00	144.00
2	5	OD		D2392	X	resin-based composite - two surfaces, posterior	275.00	0.00	192.50	0.00	82.50
						Subtotal	**580.00**	**0.00**	**353.50**	**0.00**	**226.50**
						Total	**580.00**	**0.00**	**353.50**	**0.00**	**226.50**

Family Insurance Benefits

BenefitName	Primary	Secondary
Family Maximum		
Family Deductible		

Individual Insurance Benefits

BenefitName	Primary	Secondary
Annual Maximum	2000.00	
Deductible	75.00	
Deductible Remaining	75.00	
Insurance Used	170.00	
Pending	0.00	
Remaining	1830.00	

If you have dental insurance, please be aware that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average. These fees will be honored for 90 days.

Signature