

Proposed Treatment Plan

08/01/2017

Simply Smile

7340 Crossing Place
Suite 200
Fishers, IN 46038-2785
(317)570-5480

Patient Patient
Indianapolis, IN 46256

ID: 51

| Phase | Date Plan | Appt | Provider | Service | Tth | Surf | Fee | Ins. | Pat. |
|---------------------------------|------------|------|----------|--|-----|------|------------|------------|------------|
| 1 | 08/01/2017 | | SJB | D7210 SURGICAL REMOVAL OF ERUPT Standard Fee: \$350.00 Adjust: \$220.00 | 2 | | \$130.00 | \$64.00 | \$66.00 |
| 1 | 08/01/2017 | | SJB | D4266 GUIDED TISS REGEN-RESORBA Standard Fee: \$450.00 Adjust: \$173.00 | 2 | | \$277.00 | \$0.00 | \$277.00 |
| 1 | 08/01/2017 | | SJB | D7953 BONE REPLACE GRAFT FOR RID Standard Fee: \$750.00 Adjust: \$473.00 | 2 | | \$277.00 | \$0.00 | \$277.00 |
| Subtotal for This Phase: | | | | | | | \$684.00 | \$64.00 | \$620.00 |
| 2 | 08/01/2017 | | SJB | D6010 SURG PLACE OF IMPLANT BODY Standard Fee: \$1,800.0 Adjust: \$300.00 | 2 | | \$1,500.00 | \$750.00 | \$750.00 |
| Subtotal for This Phase: | | | | | | | \$1,500.00 | \$750.00 | \$750.00 |
| 3 | 08/01/2017 | | SJB | D6057 CUSTOM ABUTMENT Standard Fee: \$1,100.0 Adjust: \$517.00 | 2 | | \$583.00 | \$291.50 | \$291.50 |
| 3 | 08/01/2017 | | SJB | D6058 ABUTMENT SUPPORTED PORC/ Standard Fee: \$1,500.0 Adjust: \$397.00 | 2 | | \$1,103.00 | \$394.50 | \$708.50 |
| Subtotal for This Phase: | | | | | | | \$1,686.00 | \$686.00 | \$1,000.00 |
| Subtotal: | | | | | | | \$3,870.00 | \$1,500.00 | \$2,370.00 |

Insurance coverage is only an estimation. Guarantor is responsible for all treatment not covered by insurance.

Total Proposed: \$3,870.00
Total Completed: \$0.00
Total Accepted: \$0.00
Proposed Insurance: \$1,500.00

I REQUEST AND AUTHORIZE THE DENTIST OR QUALIFIED ASSIGNEE TO PERFORM THE WORK DESCRIBED ABOVE.

Patient or Guarantor's Signature _____

Date _____