

Proposed Treatment Plan

08/01/2017

Simply Smile

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

No Insurance With Discounts

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: \$105.00	2		\$245.00	\$0.00	\$245.00
1	08/01/2017		SJB	D4266 GUIDED TISS REGEN-RESORBA Standard Fee: \$450.00 Adjust: \$135.00	2		\$315.00	\$0.00	\$315.00
1	08/01/2017		SJB	D7953 BONE REPLACE GRAFT FOR RID Standard Fee: \$750.00 Adjust: \$225.00	2		\$525.00	\$0.00	\$525.00
Subtotal for This Phase:							\$1,085.00	\$0.00	\$1,085.00
2	08/01/2017		SJB	D6010 SURG PLACE OF IMPLANT BODY Standard Fee: \$1,800.0 Adjust: \$500.00	2		\$1,300.00	\$0.00	\$1,300.00
Subtotal for This Phase:							\$1,300.00	\$0.00	\$1,300.00
3	08/01/2017		SJB	D6057 CUSTOM ABUTMENT Standard Fee: \$1,100.0 Adjust: \$330.00	2		\$770.00	\$0.00	\$770.00
3	08/01/2017		SJB	D6058 ABUTMENT SUPPORTED PORC/ Standard Fee: \$1,500.0 Adjust: \$450.00	2		\$1,050.00	\$0.00	\$1,050.00
Subtotal for This Phase:							\$1,820.00	\$0.00	\$1,820.00
Subtotal:							\$4,205.00	\$0.00	\$4,205.00

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

Total Proposed: \$4,205.00
Total Completed: \$0.00
Total Accepted: \$0.00
Proposed Insurance: \$0.00

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

Patient or Guarantor's Signature _____

Date _____