

- 12 The clinic where the services were performed.
- 13 **Charges:** The amount charged for the service.
- 14 **Payments/Adjs:** The amount of the payment or adjustment applied to each service. "Insurance Pending" means that we are awaiting a response from the insurance company.
- 15 **Balance:** The remaining balance for each service.
- 16 **Amount Due:** The amount now due for the service.
- 17 **All Payment Plans Activity for this Patient:** All charge and payment activity for the payment plan.
- 18 **Personal Payments:** Details on non-insurance payments made to the account.
- 19 The total amount of the payment plan.
- 20 The balance remaining on the payment plan.
- 21 **Unallocated Payments:** Payments made to the account, but not yet applied to treatment.
- 22 Shows the days past due for current charges.

Summary of Services and Charges

PATIENT NAME: Account, Patient (E123456)

Charge Date	Description	Site	Charges	Payments/Adjs	Balance	Amount Due
12 Periodontics						
12/1/2016	Prophy - Adult		\$113.00		\$28.25	\$28.25
12/20/2016	Insurance Payment			-\$84.75		
Prosthodontics						
7/24/2017	Alveoloplasty - In Conj W/Ext.	UL	\$210.00		\$210.00	\$210.00
7/24/2017	Alveoloplasty - In Conj W/Ext.	UR	\$210.00		\$210.00	\$210.00
8/22/2017	Interim Partial Denture (Mandibular)	LA	\$725.00		\$725.00	\$725.00
Orthodontics						
1/16/2018	Initial Fee		\$250.00		\$250.00	\$250.00
AEGD						
4/22/2016	Comprehensive Oral Evaluation		\$79.00		\$19.75	\$19.75
5/12/2016	Insurance Payment			-\$59.25		
4/22/2016	Intraoral-Complete Series		\$131.00		\$32.75	\$32.75
5/12/2016	Insurance Payment			-\$98.25		

17 All Payment Plans Activity for this Patient	\$11,415.00
TOTAL CHARGES/PAYMENTS TO DATE:	\$12,883.00 -\$7,887.25 \$1,475.75 \$1,475.75

18 Personal Payments			
Transaction Date	Description	Payments	Adjustments
11/8/2017	Check Payment#106	-\$600.00	0.00
11/8/2017	Check Payment#5591	-\$400.00	0.00
12/4/2017	Check Payment#5592	-\$145.00	0.00
12/4/2017	Credit Card Paymentdis#2246	-\$500.00	0.00

Orthodontic Payment Plan Summary	
19 Total Ortho Contract Amount: \$1,500.00	20 Total Remaining Ortho Contract Balance: \$1,500.00

Other Payment Plan Summary	
Total Contract Amount: \$11,165.00	Total Remaining Contract Balance: \$1,564.00
21 UNALLOCATED PAYMENTS:	-\$500.00

If you have insurance, we requested payment of benefit. Payment of the balance is your responsibility. If you have questions about your coverage, please contact your insurance provider.

Your account is in jeopardy. Please contact our financial department immediately.

22	CURRENT	30 TO 60 DAYS	61 TO 90 DAYS	91 DAYS AND OVER
	250.00	145.00	0.00	2,644.75