

Case No: 21-9

A) This Section To Be Completed by Member

pre-approved

Describe the Service/Treatment Requested: drill and fill + crown

Amount Requested from the Board \$ 2296.00 \$2216.00

Please attach a copy of the Power of Attorney if signed by the alternate contact.

clubs related.

remove decay #5-crown and buildup - removal of

no other treatment option

Provider's Signature: Paul Edwards MD Date: 9/3/2021

W:\LEOFF\FORMS\Application for Payment of Services 2012B.docx 4/20/2012

Olympia Advanced Dentistry

Name

Birthdate

Social Security Number

Chart Number

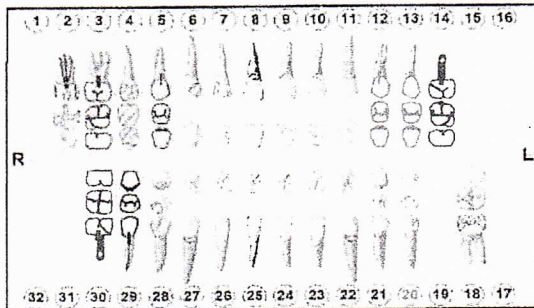
100879

.: TREATMENT CASE

Treatment Plan

DATE	VISIT	TOOTH	SURF	CODE	PROV	DESCRIPTION	FEE	PATIENT
02/04/2021	3	4	MB	D2392	XX03	Resin composite-2s, posterior	330.00	330.00
02/04/2021	3	5		D0220	XX01	Intraoral Periapical Images	36.00	36.00
02/04/2021	3	5		D2740	XX01	Crown - porcelain/ceramic	1500.00	1500.00
02/04/2021	3	5		D2745	XX01	SEAT APC	0.00	0.00
02/04/2021	3	5		D2950	XX01	Core buildup, include any pins	350.00	350.00

:: INSURANCE PROVIDER(S) ::		:: TOTALS ::	
Primary	Secondary	Fee	Patient
		2216.00	2216.00



:: FINANCIAL SUMMARY ::	
Treatment Plan Total	2216.00

Alternate Cases:

Case notes:

By signing below, I acknowledge that the amount set forth above as payable by my dental insurer is only an estimate, and that it is my responsibility to pay the total fees for the above-described treatment if my insurance company denies coverage. At the time of treatment, I agree to pay the amount indicated above as the patient's portion. If there is any remaining balance after my insurance has been processed, I agree to pay such remaining balance upon receipt of a billing statement.

Any balance not paid within 90 days of the date of actual treatment shall accrue interest at a rate of 1.5 percent per month and be considered a Delinquent Account. All payments made after 90 days shall be applied first to interest, and then to any outstanding treatment balance. Cooper Moss Advanced Dentistry reserves the right to submit a Delinquent Account for legal collection. The prevailing party in any proceeding to collect a Delinquent Account shall be entitled to reasonable attorneys' fees and costs related to such proceeding.

X _____

www.coopermossdentistry.com

1105 4th Ave E, Suite A
Olympia, WA 98506
PHONE:

REPORT
DATE:
09/03/2021