

07-05-2011 17:59

Account # :01659  
 Name :BUNNY BUGS J  
 Birth Date:09081985 SSN: Gender:M  
 Street :2300 W Main Street Apt 101  
 City :Bartlesberg State: MO Zip Code: 60323

Resp Acct#:

Home Phone:816 343-3434 Work Phone:816 343-4444 Cell Phone:816 434-3439  
 FirstVisit:08102000 LastVisit:04092008 LastRecall:04092008 NextRecall:10082008 Recall Interval:06

Prime Ins :0210 UNITED CONCORDIA  
 BUNNY BUGS J DOB:09081985 Policy:4364575675678 Group:G43353534  
 YELLOW PAGES

Posted	D.O.S.	Acct#	Code	To Surf	Description	DN	PN	Charge	Payment	Ins#	TranCode
04092008	04092008	1659	3085		Payment-Personal Check	01	01		154.00	0210	05
04092008	04092008	1659	272		2 B.w. X-rays	01	02	38.00		0210	02
04092008	04092008	1659	1110		Adult Prophylaxis	01	02	74.00		0210	02
04092008	04092008	1659	120		Dental Examination	01	02	42.00		0210	02
10092007	10092007	1659	2913		Payment-Personal Check	01	01		98.00	0210	05
10092007	10092007	1659	1110		Adult Prophylaxis	01	02	64.00		0210	02
10092007	10092007	1659	120		Dental Examination	01	02	34.00		0210	02
04092007	04092007	1659	2894		Payment-Personal Check	01	01		132.00	0210	05
04092007	04092007	1659	272		2 B.w. X-rays	01	02	34.00		0210	02
04092007	04092007	1659	1110		Adult Prophylaxis	01	02	64.00		0210	02
04092007	04092007	1659	120		Dental Examination	01	02	34.00		0210	02
10092006	10092006	1659	4		ADJ-FAMILY TRANSFER	01	01		44.00	0210	03
10092006	10092006	1659	2815		Payment-Personal Check	01	01		50.00	0210	05
10092006	10092006	1659	1110		Adult Prophylaxis	01	03	62.00		0210	02
10092006	10092006	1659	120		Dental Examination	01	03	32.00		0210	02
06262006	06262006	1659	2747		Payment-Personal Check	01	01		57.00	0210	05
04112006	03232006	1659	210		UNITED CONCORDIA	01	01		121.00	0210	06
03232006	03232006	1659	9210		Local Anesthesia	01	01	52.00		0210	02
03232006	03232006	1659	272		2 B.w. X-rays	01	01	32.00		0210	02
03232006	03232006	1659	1110		Adult Prophylaxis	01	01	62.00		0210	02
03232006	03232006	1659	120		Dental Examination	01	01	32.00		0210	02
03232006	03232006	1659	2665		Payment-Personal Check	01	01		56.00	0210	05
10122005	09222005	1659	210		UNITED CONCORDIA	01	01		69.00	0210	06
09222005	09222005	1659	9210		Local Anesthesia	01	01	38.00		0210	02
09222005	09222005	1659	1110		Adult Prophylaxis	01	01	57.00		0210	02
09222005	09222005	1659	120		Dental Examination	01	01	30.00		0210	02
06012005	06012005	1659	2217		Payment-Personal Check	01	01		63.00	0210	05
04042005	03172005	1659	210		UNITED CONCORDIA	01	01		91.00	0210	06
03172005	03172005	1659	272		2 B.w. X-rays	01	01	29.00		0210	02
03172005	03172005	1659	1110		Adult Prophylaxis	01	01	57.00		0005	02
03172005	03172005	1659	120		Dental Examination	01	01	30.00		0005	02
03172005	03172005	1659	9210		Local Anesthesia	01	01	38.00		0005	02
12232004	12232004	1659	2412		Payment-Personal Check	01	01		8.00	0005	05
10122004	09082004	1659	5		AUXIANT	01	01		108.00	0005	06
09082004	09082004	1659	9210		Local Anesthesia	01	01	36.00		0005	02
09082004	09082004	1659	1110		Adult Prophylaxis	01	01	53.00		0005	02
09082004	09082004	1659	120		Dental Examination	01	01	27.00		0005	02
04272004	04272004	1659	2148		Payment-Personal Check	01	01		139.60	0005	05
03012004	02042004	1659	5		AUXIANT	01	01		558.40	0005	06
02172004	01212004	1659	5		AUXIANT	01	01		129.00	0005	06
02042004	02042004	1659	2750	30 ALL	Crown Porcelain W/ Gold	01	01	698.00		0005	02
01212004	01212004	1659	9230		Analgesic-nitrous Oxide	01	01	33.00		0005	02
01212004	01212004	1659	2391	13 O	Resin Comp-1 Surf,poster	01	01	96.00		0005	02
01212004	01212004	1659	2		Payment-Charge Card	01	01		9.00	0005	08
12302003	12042003	1659	5		AUXIANT	01	01		159.00	0005	06
12042003	12042003	1659	9210		Local Anesthesia	01	01	36.00		0005	02
12042003	12042003	1659	230		Periapical X-rays	01	01	13.00		0005	02
12042003	12042003	1659	230		Periapical X-rays	01	01	13.00		0005	02
12042003	12042003	1659	230		Periapical X-rays	01	01	13.00		0005	02
12042003	12042003	1659	220		Single Pa X-ray	01	01	15.00		0005	02
12042003	12042003	1659	1110		Adult Prophylaxis	01	01	52.00		0005	02
12042003	12042003	1659	120		Dental Examination	01	01	26.00		0005	02
05062003	05062003	1659	1		Payment-Charge Card	01	01		130.60	0005	08

04152003	02252003	1659	5		AUXIANT	01 01		522.40	0005	06
02252003	02252003	1659	2750	19 ALL	Crown Porcelain W/ Gold	01 01	653.00		0005	02
02042003	02042003	1659	0		Payment-Cash	01 01		10.00	0005	07
01212003	11212002	1659	5		AUXIANT	01 01		101.00	0005	06
11212002	11212002	1659	1110		Adult Prophylaxis	01 01	50.00		0005	02
11212002	11212002	1659	9210		Local Anesthesia	01 01	36.00		0005	02
11212002	11212002	1659	120		Dental Examination	01 01	25.00		0005	02
06062002	06062002	1659	5		Payment-Personal Check	01 01		203.60	0005	05
04152002	03192002	1659	5		AUXIANT	01 01		484.00	0005	06
04092002	03042002	1659	5		AUXIANT	01 01		522.40	0005	06
03202002	03192002	1659	2750	15 ALL	Crown Porcelain W/ Gold	01 01	605.00		0005	02
03202002	03042002	1659	11		ADJ-ERROR IN POSTING	01 01		48.00	0005	03
03042002	03042002	1659	2750	14 ALL	Crown Porcelain W/ Gold	01 01	653.00		0005	02
01022002	12042001	1659	5		AUXIANT	01 01		176.00	0005	06
12042001	12042001	1659	4355		Full Mouth Debridement	01 01	110.00			02
12042001	12042001	1659	230		Periapical X-rays	01 01	11.00			02
12042001	12042001	1659	230		Periapical X-rays	01 01	11.00			02
12042001	12042001	1659	230		Periapical X-rays	01 01	11.00			02
12042001	12042001	1659	220		Single Pa X-ray	01 01	14.00			02
12042001	12042001	1659	120		Dental Examination	01 01	19.00			02

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