STATEMENT

07/01/2025
Account Number 115366
Invoice# 44821

Patient #

Madison Pediatric Dental &
Orthodontics
220 W Broadway
Madison , WI 53716-4027
(608)222-6160

CREDIT CARD TYPE _____

_____

3 DIGIT CSV _____

EXPIRES _____

AMOUNT APPROVED _____

NAME _____

SIGNATURE _____

Dad Test
1234 Hillbilly Lane
Madison, WI 53716

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR PAYMENT

You can pay online through our website at www.madisonpediatricdental.com/

Total:	$347.00
-Ins Estimate:	$0.00
=Balance:	**$347.00**

0-30	31-60	61-90	over 90
347.00	0.00	0.00	0.00

Dad Test

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
07/01/2025	Dad			No Account Activity			

Bunny Test

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
				Balance Forward			0.00
07/01/2025	Bunny 'Bun'	D0120		periodic oral evaluation - established patient (unsent)	81.00		81.00
07/01/2025	Bunny 'Bun'	D0272		bitewings - two radiographic images (unsent)	80.00		161.00
07/01/2025	Bunny 'Bun'	D1120		prophylaxis - child (unsent)	114.00		275.00
07/01/2025	Bunny 'Bun'	D1206		topical application of fluoride varnish (unsent)	72.00		347.00

BUNNY TEST

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
07/01/2025	BUNNY			No Account Activity			

Amount Due	Date Due	Amount Enclosed
347.00	Upon Receipt	