

# STATEMENT OF ACCOUNT

VALLEY DENTAL SPA PLLC  
2192 COMMONS PARKWAY  
OKEMOS, MI 48864-3986

(517)349-9257

CHART NO.

XXX-

PAGE NO.

1

BILLING DATE

GUARANTOR NAME AND MAILING ADDRESS

AMOUNT ENCLOSED

\$

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
	Balance Forward			-3.60
	Topical Appl of Fluor		45.00	
	Prophylaxis-adult		88.00	
	Periodic Exam		49.00	
	Delta Fee Adjustment			-5.00
	Dental Ins Pmt-(12/12/2022)-Delta Dental			-119.00
	Delta Fee Adjustment			-21.00
	Oral Cancer Screen		0.00	
	Periodontal Screen		0.00	
	Oral hygiene instruction		0.00	
	Tooth Brush & Floss		0.00	

\* Indicates that Dental Insurance has been billed.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
-3.60	-145.00	182.00	33.40

A fee of \$25 may be charged on overdue accounts. "Ins, Est." and "Please Pay" amounts are based on insurance ESTIMATES & provided as a courtesy. If your ins pays less than estimated, you are responsible for the unpaid balance. THANK YOU!