Your patient's pre-treatment request

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The website still contains all of the patient and claim information you're used to. But, now it is easier to use and offers new features such as flagging and auto-save to make your work easier and save time. Log in and try it today!

Claim details

The amounts provided here are estimates for the dental treatment your patient has requested and do not guarantee payment. Please enter the service date for each treatment listed and return to: P.O. BOX 188037  CHATTANOOGA, TN 37422.

PATIENT NAME: JANE DOE  CUSTOMER NAME: JANE DOE  PATIENT ID: U99999999
HEALTH CARE PROFESSIONAL NAME: DENTIST or DENTAL OFFICE NAME  HEALTH CARE PROFESSIONAL ID: 0000000000  GROUP NAME: ACCOUNT NAME
GROUP #: 0000000  DOCUMENT #: D0000000000000  CLAIMANT #: 01  CLAIM #: 003  PAYMENT #: 000  PROCESSED DATE: Mar 31, 2016

<table>
<thead>
<tr>
<th>AMOUNT YOU CHARGE ($)</th>
<th>YOUR CONTRACTED AMOUNT ($)</th>
<th>AMOUNT ELIGIBLE FOR COVERAGE BY THE PLAN ($)</th>
<th>PATIENT DEDUCTIBLE ($)</th>
<th>REMAINING BALANCE ($)</th>
<th>THE PLAN COVERS (%)</th>
<th>THE PLAN COVERS ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 19 / 2016 (mm/dd/yyyy) : D4341* for Tooth#/Quad/Arch: LL</td>
<td>330.00</td>
<td>188.00</td>
<td>188.00</td>
<td>0.00</td>
<td>188.00</td>
<td>90%</td>
</tr>
<tr>
<td>09 / 19 / 2016 (mm/dd/yyyy) : D4341* for Tooth#/Quad/Arch: UL</td>
<td>330.00</td>
<td>188.00</td>
<td>188.00</td>
<td>0.00</td>
<td>188.00</td>
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</tbody>
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Continued