

1300 SOM Center Road
Mayfield Heights OH 44124

Theresa Ferritto

Page: 1
Date: 5/10/11
Time: 12:29:28

Phone number: [REDACTED]

| Type | Priority | Code | Group # | Plan Name | Group Covered | Renewal month | Verified |
|------|----------|------|---------|-----------|---------------|---------------|----------|
|------|----------|------|---------|-----------|---------------|---------------|----------|

Amount listed on treatment plan(s)

| Tooth/Surfaces/Procedure | Primary insurance | | | | | secondary | | | | Other | | Pat Resp |
|-------------------------------------|-------------------|------------|---------------|-----------------|------------|-----------|----------|---------|----------|---------|-----|-----------------|
| | Full Fee | Ins Disc. | Cpn Disc | Adj Amt | Pct | Ins Ben | Discount | Benefit | Discount | Benefit | | |
| 150 Exam Comprehensive | 75.00 | .00 | 75.00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 210 Xray Full Mouth Series | 125.00 | .00 | 125.00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 1.0 Visit total | 200.00 | .00 | 200.00 | .00 | | | | | | | | |
| 4950 Rotadent Periodontal Inst | 149.00 | .00 | .00 | 149.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 1330 Oral Hygiene Instructions | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 4341 Perio SRP, 4+ Teeth, Quad | 235.00 | .00 | .00 | 235.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 249.00 |
| 4341 Perio SRP, 4+ Teeth, Quad | 235.00 | .00 | .00 | 235.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 4999B Irrigate W/Chlorhex Per Q | 29.00 | .00 | .00 | 29.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 235.00 |
| 4999B Irrigate W/Chlorhex Per Q | 29.00 | .00 | .00 | 29.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 235.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 29.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 29.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 9630R Stannous Rinse | 29.00 | .00 | .00 | 29.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 2.0 Visit total | 1,002.00 | .00 | .00 | 1,002.00 | .00 | | | | | | | 29.00 |
| 1330 Oral Hygiene Instructions | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 1,002.00 |
| 4341 Perio SRP, 4+ Teeth, Quad | 235.00 | .00 | .00 | 235.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 4341 Perio SRP, 4+ Teeth, Quad | 235.00 | .00 | .00 | 235.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 4999B Irrigate W/Chlorhex Per Q | 29.00 | .00 | .00 | 29.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 235.00 |
| 4999B Irrigate W/Chlorhex Per Q | 29.00 | .00 | .00 | 29.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 235.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 29.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 29.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 9630G Flu 1.1 Neutral Sod Gel | 25.00 | .00 | .00 | 25.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 3.0 Visit total | 849.00 | .00 | .00 | 849.00 | .00 | | | | | | | 25.00 |
| 1330 Oral Hygiene Instructions | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 849.00 |
| 4910 Perio Maintenance | 129.00 | .00 | .00 | 129.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | .00 |
| 4999A Irrigate W/Chlorhex Full | 44.00 | .00 | .00 | 44.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 129.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 44.00 |
| 43812 Arestin 2 Sites | 74.00 | .00 | .00 | 74.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 1204 Fluoride Adult | 37.00 | .00 | .00 | 37.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 74.00 |
| 4.0 Visit total | 358.00 | .00 | .00 | 358.00 | .00 | | | | | | | 37.00 |
| 431 Vixitite Cancer Screening | 69.00 | .00 | .00 | 69.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | 358.00 |
| 5.0 Visit total | 69.00 | .00 | .00 | 69.00 | .00 | | | | | | | 69.00 |
| 1.0 TX plan total 2011-05-10 | 2,478.00 | .00 | 200.00 | 2,278.00 | .00 | | | | | | | 69.00 |
| | | | | | | | | | | | | 2,278.00 |

OFFICE USE ONLY

Jun. 20. 2011 11:55AM No. 3699 P. 4

Mayfield Heights, OH
1300 SOM Center Road
Mayfield Heights OH 44124

Theresa Ferritto

Date: 5/10/11
Time: 12:29:28

Phone number

Amount listed on treatment plan(s)

| Tooth/Surface/Procedure | Primary insurance | | | | | | secondary | | Other | | Pat Resp | |
|------------------------------------|-------------------|-----------|----------|----------|-----|---------|-----------|---------|----------|---------|----------|----|
| | Full Fee | Ins Disc. | Cpn Disc | Adj Amt | Pct | Ins Ben | Discount | Benefit | Discount | Benefit | | |
| 500 Impression Date N/C | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 1.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 5001 Wax Bite Registration | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 2.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 5002 Wax Try In 1st Visit | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 3.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 01 7140 Extraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | |
| 14 7140 Extraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | OE |
| 15 7140 Extraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 18 7140 Extraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 19 7140 Extraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 31 7140 Extraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 32 7140 EXLtraction Erupted/Expose | 145.00 | .00 | .00 | 145.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 2A 5211I POD Pkg Acrylic Partial | 649.00 | .00 | .00 | 649.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 1A 5212Y PLD Pkg Acrylic Partial | 649.00 | .00 | .00 | 649.00 | 0 | .00 | .00 | .00 | .00 | .00 | 145.00 | OE |
| 4.0 Visit total | 2,313.00 | .00 | .00 | 2,313.00 | | .00 | .00 | .00 | .00 | .00 | 2,313.00 | PP |
| 9930A Post Operative Eval N/C | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | OS |
| 5.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | OS |
| 9975A Suture Removal | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | OE |
| 6.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | OE |
| 5005 Reline Included Soft | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PT |
| 7.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | PT |
| 5409 Denture Adj Incl. N/C | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | ED |
| 8.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | ED |
| 500 Impression Date N/C | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 9.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 5003 Frase Try In Partial | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PD |
| 5001 Wax Bite Registration | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 | PD |

OFFICE USE ONLY

Jun. 20. 2011 11:55AM

No. 3699 P. 5

Treatment plan summary for

██████████
Theresa Ferritto

Page: 3

Date: 5/10/11

Time: 12:29:28

Mayfield Heights, OH
1300 SOM Center Road
Mayfield Heights OH 44124

Phone number: ██████████

Jun 20, 2011 11:55AM

No. 3699 P. 6

Amount listed on treatment plan(s)

| Tooth/Surface/Procedure | Primary insurance | | | | | secondary | | Other | | Pat Resp | |
|------------------------------------|-------------------|-----------|----------|----------|-----|-----------|----------|---------|----------|----------|----------|
| | Full Fee | Ins Disc. | Cpn Disc | Adj Amt | Pct | Ins Ben | Discount | Benefit | Discount | | Benefit |
| 10.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | |
| 5002 Wax Try In 1st Visit | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 |
| 11.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | |
| UA 5226P FUD Pkg Flexilyte | 650.00 | .00 | .00 | 650.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 |
| LA 5226P FLO Pkg Flexilyte | 650.00 | .00 | .00 | 650.00 | 0 | .00 | .00 | .00 | .00 | .00 | 650.00 |
| 12.0 Visit total | 1,300.00 | .00 | .00 | 1,300.00 | | .00 | .00 | .00 | .00 | .00 | 650.00 |
| 5409 Denture Adj Incl. M/C | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | 1,300.00 |
| 13.0 Visit total | .00 | .00 | .00 | .00 | | .00 | .00 | .00 | .00 | .00 | .00 |
| 28 2950 Core Buildup Incl Pins | 255.00 | .00 | .00 | 255.00 | 0 | .00 | .00 | .00 | .00 | .00 | .00 |
| 28 300 Crown Preparation M/C | .00 | .00 | .00 | .00 | 0 | .00 | .00 | .00 | .00 | .00 | 255.00 |
| 14.0 Visit total | 255.00 | .00 | .00 | 255.00 | | .00 | .00 | .00 | .00 | .00 | .00 |
| 28 2740 Crown Porcelain/Ceramic | 1,089.00 | .00 | .00 | 1,089.00 | 0 | .00 | .00 | .00 | .00 | .00 | 255.00 |
| 15.0 Visit total | 1,089.00 | .00 | .00 | 1,089.00 | | .00 | .00 | .00 | .00 | .00 | 1,089.00 |
| 2DPL 2332 Comp 3 Surf Anterior | 205.00 | .00 | .00 | 205.00 | 0 | .00 | .00 | .00 | .00 | .00 | 1,089.00 |
| 16.0 Visit total | 205.00 | .00 | .00 | 205.00 | | .00 | .00 | .00 | .00 | .00 | 205.00 |
| DBF 2331 Comp 2 Surf Anterior | 175.00 | .00 | .00 | 175.00 | 0 | .00 | .00 | .00 | .00 | .00 | 205.00 |
| 17.0 Visit total | 175.00 | .00 | .00 | 175.00 | | .00 | .00 | .00 | .00 | .00 | 175.00 |
| 09WIDFL 2335 Comp 4+ Surf Anterior | 240.00 | .00 | .00 | 240.00 | 0 | .00 | .00 | .00 | .00 | .00 | 175.00 |
| 18.0 Visit total | 240.00 | .00 | .00 | 240.00 | | .00 | .00 | .00 | .00 | .00 | 240.00 |
| 2.0 TX plan total 2011-05-16 | 5,577.00 | .00 | .00 | 5,577.00 | | .00 | .00 | .00 | .00 | .00 | 240.00 |
| APR20 Appointment Appreciation | 20.00- | .00 | .00 | 20.00- | 0 | .00 | .00 | .00 | .00 | .00 | 5,577.00 |
| 1.0 Visit total | .00 | .00 | .00 | 20.00- | | .00 | .00 | .00 | .00 | .00 | 20.00- |
| 90.0 TX plan total 2011-05-20 | 20.00- | .00 | .00 | 20.00- | | .00 | .00 | .00 | .00 | .00 | 20.00- |
| total | 8,035.00 | .00 | 200.00 | 7,835.00 | | .00 | .00 | .00 | .00 | .00 | 7,835.00 |

OFFICE USE ONLY

Insurance deductibles and limits

| plan name | group covered | limit code | limit type | individ amount | family amount |
|-----------|---------------|------------|------------|----------------|---------------|
|-----------|---------------|------------|------------|----------------|---------------|

Mayfield Heights, OH
1300 SOM Center Road
Mayfield Heights OH 44124

Phone Number: [REDACTED]

Treatment plan summary for

[REDACTED]
Theresa Ferritto
[REDACTED]

Page: 4

Date: 5/10/11

Time: 12:29:28

Summary

| | | | | | | | | | |
|-------------------|-----|------------|-----|---------|-----|--------------|-----|-------------|-----|
| Primary benefit | .00 | deductible | .00 | maximum | .00 | used/pending | .00 | add patient | .00 |
| Secondary benefit | .00 | deductible | .00 | maximum | .00 | used/pending | .00 | add patient | .00 |
| Other benefit | .00 | deductible | .00 | maximum | .00 | used/pending | .00 | add patient | .00 |

| | |
|--------------------------|-----------------|
| Treatment plan total | 8,055.00 |
| Coupon discount | 200.00 |
| Insurance discount | .00 |
| Insurance benefit | .00 |
| Appointment Appreciation | 20.00- |
| Patient total | <u>7,835.00</u> |

Office use ONLY