

## 10650 E Garden Dr, Ste 106 | Aurora, CO | 80012 | 303-366-5100

## **Financial Arrangement**

FA ID: 434234483

Patient: Rice, Philip

**Chart Number: 20747879** 

Date: 01/04/24

Entered: 1/2/2024

	Tooth/ Quad	UCF	Estimated Fee		Estimated Secondar	Estimate d Patient
Visit 1: CBCT W/BW on	1/4/2024				J	
Kaz Talebpour, DDS at Au		Dentistry				
/ ADA D0150 -		\$145.00	\$58.00	\$58.00	\$0.00	\$0.00
Comprehensive Exam						
ADA D0367 - CBCT		\$404.00	\$0.00	\$0.00	\$0.00	\$0.00
ADA D0274 - Four		\$180.00	\$43.00	\$43.00	\$0.00	\$0.00
Bitewing Xrays						
ADA D0220 - Single X-		\$62.00	\$19.00	\$19.00	\$0.00	\$0.00
Ray						
ADA D0230 - Additiona	al	\$35.00	\$15.00	\$15.00	\$0.00	\$0.00
X-Ray						
ADA D0230 - Additiona	al	\$35.00	\$15.00	\$15.00	\$0.00	\$0.00
X-Ray						
ADA D0230 - Additiona	al	\$35.00	\$15.00	\$15.00	\$0.00	\$0.00
X-Ray						
ADA D0230 - Additiona	al	\$35.00	\$15.00	\$15.00	\$0.00	\$0.00
X-Ray						
ADA D0230 - Additiona	al	\$35.00	\$15.00	\$15.00	\$0.00	\$0.00
X-Ray						
ADA D0350 - Intraoral		\$90.00	\$0.00	\$0.00	\$0.00	\$0.00
Photo						
ADA D0350 - Intraoral		\$90.00	\$0.00	\$0.00	\$0.00	\$0.00
Photo						
ADA D0350 - Intraoral		\$90.00	\$0.00	\$0.00	\$0.00	\$0.00
Photo						
ADA D0350 - Intraoral		\$90.00	\$0.00	\$0.00	\$0.00	\$0.00

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			Tooth/	UCF	Estimated	Estimated		Estimate
			Quad		Fee	Primary	Secondar	d Patient
-	Photo						У	1
=	Fotal			\$1,326.00	\$195.00	\$195.00	\$0.00	\$0.00
1	TOtal			\$1,320.00	\$193.00	\$193.00	\$0.00	\$0.00
(	Visit 2 on 1/15	/2024						
	Kaz Taleboour, D	DDS at Aurora	a Moderr	n Dentistry				
1	ADA D0220 - 1	Ic X-Ray —		\$4.00	\$0.00	\$0.00	\$0.00	\$0.00
	ADA D2740 - C	erecfired	19	\$1,959.00	\$907.00	\$405.00	\$502.00	\$0.00
$\leq$	Crownpost							
	ADA D2950 - C	Core	19	\$380.00	\$153.00	\$76.50	\$76.50	\$0.00
	Buildup							
	ADA D9999 - C	ement	19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Crown			4			,	
T	Total			\$2,343.00	\$1,060.00	\$481.50	\$578.50	\$0.00
1	Wina Gia	(2024)						
	Visit 3 on 1/16	/	12 Mada	n Dontista				
1	Kasandra Weir, F				(175.00)	40.00	\$175.00	40.00
	ADA D4341 - S	_	UR	\$305.00	\$175.00	\$0.00	\$175.00	\$0.00
	Root Planing, 4		1.11	¢20E 00	¢175.00	40.00	\$175.00	\$0.00
	ADA D4341 - S		UL	\$305.00	\$175.00	\$0.00	\$175.00	\$0.00
	Root Planing, 4		LR	\$305.00	\$175.00	\$0.00	\$175.00	\$0.00
	ADA D4341 - S		LK	\$303.00	\$175.00	\$0.00	\$175.00	\$0.00
	Root Planing, 4 ADA D4341 - S		LL	\$305.00	\$175.00	\$0.00	\$175.00	\$0.00
9	Root Planing, 4		L.L.	\$303.00	\$175.00	\$0.00	\$173.00	\$0.00
1	ADA D4921 - A		UL	\$86.00	\$0.00	\$0.00	\$0.00	\$0.00
)	Irr/Quad	illipact	UL.	\$00.00	\$0.00	\$0.00	\$0.00	φ <b>0.00</b>
	ADA D4921 - A	ntibact	LL	\$86.00	\$0.00	\$0.00	\$0.00	\$0.00
	Irr/Quad	THOUCE	l L	\$00.00	40.00	Ψ0.00	\$0.00	40.00
<	ADA D4921 - A	ntibact	LR	\$86.00	\$0.00	\$0.00	\$0.00	\$0.00
	Irr/Quad	THE COURT	L-1 \	400.00	\$0.00	Ψ0.00	40.00	40.00
	ADA D4921 - A	ntibact	UR	\$86.00	\$0.00	\$0.00	\$0.00	\$0.00
	Irr/Quad			7 9 9 1 9 9	7 3.0 3	7	1 2.2 2	,
>	ADA D4999 - B	ac	UL	\$155.00	\$95.00	\$0.00	\$0.00	\$95.00
	Decon/Qd	No.	~ =	· ~ d 2 8				ueti
	ADA D4999 - B	ac	LL	\$155.00	\$95.00	\$0.00	\$0.00	\$95.00
	Decon/Qd							
	ADA D4999 - B	ac	LR	\$155.00	\$95.00	\$0.00	\$0.00	\$95.00
	Decon/Qd	1						
	ADA D4999 - B	ac	UR	\$155.00	\$95.00	\$0.00	\$0.00	\$95.00
	Decon/Qd	)						
1	ADA D1206 - F	luoride		\$115.00	\$34.00	\$0.00	\$34.00	\$0.00

Later - 380

, 	ø	Tooth/ Quad	UCF	Estimated Fee		Estimated Secondar y	Estimate d Patient
	Varnish ADA D1330 - Oral		\$88.00	\$0.00	\$0.00	\$0.00	\$0.00
	Hygiene Instructions		\$00.00	\$0.00	\$0.00	\$0.00	\$0.00
	ADA D0417 - Alert 2		\$250.00	\$146.00	\$0.00	\$0.00	\$146.00
Saliva	Panel		Ų <u></u> 30.00	\$110.00	40.00	Ψ0.00	<b>\$110.00</b>
Sallag	ADA D0418 - Alert 2		\$199.00	\$56.00	\$0.00	\$0.00	\$56.00
test	Panel Analysis		,				
	ADA D9210 - Local		\$35.00	\$35.00	\$0.00	\$0.00	\$35.00
	Anesthesia Not in						
	Conjunction With						
	Operative or Surgical						
_	Procedures						
T	otal		\$2,871.00	\$1,351.00	\$0.00	\$734.00	\$617.00
7	Total		\$6,540.00	\$2,606.00	\$676.50	\$1,312.5 0	\$617.00
	Basic Covered Benefit	***************************************		004400000000000000000000000000000000000			***************************************
-	Visit 2 Basic Covered Benefit				***************************************	***************************************	990000009910 <del>00000</del> 090000000000000000000
	ADA D2740 - Crown Porc	19	\$2,000.00	\$907.00	\$405.00	\$0.00	\$502.00
	Post						
- MARADA	Visit 3 Basic Covered Benefit						
	ADA D4341 - Periodontal Scaling and Root Planing - Four or More Teeth per Quadrant	UL	\$305.00	\$175.00	\$0.00	\$0.00	\$175.00
	ADA D4341 - Periodontal Scaling and Root Planing - Four or More Teeth per Quadrant	LL	\$305.00	\$175.00	\$0.00	\$0.00	\$175.00
	ADA D4341 - Periodontal Scaling and Root Planing - Four or More Teeth per Quadrant	LR	\$305.00	\$175.00	\$0.00	\$0.00	\$175.00
	ADA D4341 - Periodontal  Scaling and Root Planing  - Four or More Teeth per  Quadrant	UR	\$305.00	\$175.00	\$0.00	\$0.00	\$175.00