

PATIENT INFORMATION

**PATIENT NAME:**  **PATIENT CLAIMS PENDING**  
 Angel Test  
 2400 Computer Drive  
 Westborough, MA 01581

**HOME:** (508)329-2250      **WORK:**

**EMPLOYER:**

**SOC SEC NUMBER:**      **CHART NUMBER:** TE00062

**MEDICAL ALERTS:**

**PRIMARY PROVIDER:** DSS      **SECONDARY PROVIDER:**

**FIRST VISIT DATE:** 08/06/2015      **YEARS AS A PATIENT:** 2

**LAST VISIT DATE:** 10/19/2017      **CCDATES:** 11/18/2015 FMXPAN

**LAST PROPHYLAXIS:** 10/13/2017      11/20/2017 BITEWINGS

**MISSED APPT NUM:** 1      **LAST MISSED APPT:** 10/19/2017

**LAST REFERRED BY:**

**LAST REFERRED TO:**

**# REFERRALS:**      **LAST REFERRAL:**

**LAST GRATUITY:**

Patient Notes:

ACCOUNT INFORMATION

**GUARANTOR NAME:**  **FAMILY CLAIMS PENDING**  
 Angel Test  
 2400 Computer Drive  
 Westborough, MA 01581

**HOME:** (508)329-2250      **WORK:**

**EMPLOYER:**

**SOC SEC NUMBER:**

**BILLING TYPE:** 3      **LAST STATEMENT:**

**LAST PAYMENT:**      **LAST PMT AMT:** 0.00

**NEXT PAYMENT:** NA      **PAYMENT DUE:** NA

INSURANCE INFORMATION

**PRIMARY CARRIER:** Cigna  
**SUBSCRIBER:** Angel Test (Self)  
**EMPLOYER:**

**GROUP NUMBER:** 111111      **MAXIMUM BENEFITS:** 1000.00  
**BENEFITS USED:** 0.00      Jan      **BENEFITS REMAINING:** 1000.00  
**DED OWED S/P/O:** PAT-0/0/0, FAM-0/0/0

PREV: 100%	BASIC: 100%	MAJOR: 0%	ORTHO: 0%
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**SECONDARY CARRIER:**

**SUBSCRIBER:**

**EMPLOYER:**

**GROUP NUMBER:**      **MAXIMUM BENEFITS:**

**BENEFITS USED:**      **BENEFITS REMAINING:**

**DED OWED S/P/O:**

PREV:	BASIC:	MAJOR:	ORTHO:
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0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE
0.00	0.00	0.00	0.00	0.00	0.00	0.00

NAME (1 of 1)	POSITION	GEN	BIRTHDAY	AGE	LAST VISIT	LAST PROPHY	CCDATE	NEXT APPT	TP
*Angel Test	Married	F	10/10/1990	27	10/19/2017	10/13/2017	11/18/2015(+)		N

APPOINTMENT INFORMATION

**APPT DATE:** 11/20/2017      **TIME:** 8:15am      **SCHEDULED TIME:** 45 Minutes      **APPT AMOUNT:** 276.00

**OPERATORY:** SCHWARTZ-H      **PROVIDER:** DSS      **APPT STATUS:**

NOTES:

DATE	ORDER	TOOTH	CODE	PROCEDURE	AMOUNT
11/20/2017			D0120	Periodic oral evaluation	48.00
11/20/2017			D0274	Bitewings-four films	75.00
11/20/2017			D1110	Prophylaxis-adult	110.00
11/20/2017			D1204	Fluoride adult	43.00

**TOTAL:** 276.00

DATE	TIME	PROVIDER	REASON