

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Ana Meigs
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Ana Meigs</u> <u>1040 Tierra del Rey suite 209</u> <u>Chula Vista, CA 91910, United States</u>	

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone 6196569713 Contact phone _____
 Contact email See summary page Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 10535.40. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

treatment provided

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature or property:

- Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- Motor vehicle
- Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

- Fixed
- Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/09/2023
MM / DD / YYYY

/s/Ana Meigs
Signature

Print the name of the person who is completing and signing this claim:

Name Ana Meigs
First name Middle name Last name

Title Dentist

Company Meigs Family Dental
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Ana Meigs 1040 Tierra del Rey suite 209 Chula Vista, CA, 91910 United States Phone: 6196569713 Phone 2: Fax: Email: meigsfamilydental@sdcoxmail.com	Has Supporting Documentation: Yes, please mail physical supporting documentation Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party:	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: treatment provided	Last 4 Digits: Yes	Uniform Claim Identifier:
Total Amount of Claim: 10535.40	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Ana Meigs on 09-Jan-2023 4:35:00 p.m. Eastern Time Title: Dentist Company: Meigs Family Dental		

**Additional Supporting
Documents Received on
1/24/2023**

RECEIVED

JAN 24 2023

KURTZBAN CARSON CONSULTANTS



220238423012400000000001

Changes made to Page/ Cambios realizados en la página

Changes have been made to the page. Click [Continue] to save your changes and proceed with your action. Click [Cancel] to remain on this page/ Se han realizado cambios en la página. Haga clic en [Continuar] para guardar sus cambios y continuar con su acción. Haga clic en [Cancelar] para permanecer en esta página.

[Continue/Continuar](#) [Cancel/Cancelar](#)

**Borrego Community Health Foundation**

Case Number: 22-02384

Blank Proof Of Claim Form with Instructions

For phone assistance:

(866) 967-0670 (Domestic US)

(310) 751-2670 (International)

This claim was successfully submitted for \$ 10535.40 against Borrego Community Health Foundation on 09-Jan-2023 4:35:00 p.m. Eastern Time.

You can download a copy of the Claim Filing Summary [here](#).

If you would like to make any changes to your claim, please [request a new PIN](#) from KCC and file an amended claim.

You have physical supporting documentation and should [mail them along with your claim form summary to KCC at:](#)

**Borrego Health Claims Processing Center
c/o KCC
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245**

©2023 Kurtzman Carson Consultants | [Terms of Use](#) | [Privacy Statement](#)

RECEIVED

JAN 24 2023

KURTZMAN CARSON CONSULTANTS

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation
United States Bankruptcy Court for the: Southern District of California
(State)
Case number 22-02384

Official Form 410
Proof of Claim

04/22

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Ana Meigs</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Ana Meigs</u> <u>1040 Tierra del Rey suite 209</u> <u>Chula Vista, CA 91910, United States</u>	Where should payments to the creditor be sent? (if different) _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>6196569713</u> Contact email <u>See summary page</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



2202384221019011833000238

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 10535.40. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature or property:
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 Other. Describe: _____
Basis for perfection: _____
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Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____%
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____



2202384221019011833000238

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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I am the creditor.

I am the creditor's attorney or authorized agent.

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Executed on date 01/09/2023
MM / DD / YYYY

/s/Ana Meigs
Signature

Print the name of the person who is completing and signing this claim:

Name Ana Meigs
First name Middle name Last name

Title Dentist

Company Meigs Family Dental
Identify the corporate servicer as the company if the authorized agent is a servicer.

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Contact phone _____ Email _____



2202384221019011833000238

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District: Southern District of California, San Diego Division	
Creditor: Ana Meigs 1040 Tierra del Rey suite 209 Chula Vista, CA, 91910 United States Phone: 6196569713 Phone 2: Fax: Email: meigsfamilydental@sdcoxmail.com	Has Supporting Documentation: Yes, please mail physical supporting documentation Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party:
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No
Basis of Claim: treatment provided	Last 4 Digits: Yes Uniform Claim Identifier:
Total Amount of Claim: 10535.40	Includes Interest or Charges: No
Has Priority Claim: No	Priority Under:
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Ana Meigs on 09-Jan-2023 4:35:00 p.m. Eastern Time Title: Dentist Company: Meigs Family Dental	

PROC DATE	ENTRY DATE	BT	PROV	NAME	AMOUNT
02/18/2020	05/09/2022	1	DDS1		-390.00
10/07/2020	05/09/2022	1	DDS1		-310.00
10/19/2020	05/09/2022	1	DDS1		-475.00
10/20/2020	05/11/2022	1	DDS1		-475.00
11/03/2020	04/28/2022	1	DDS1		-475.00
11/10/2020	05/11/2022	1	DDS1		-100.00
11/16/2020	05/09/2022	1	DDS1		-475.00
11/16/2020	05/09/2022	1	DDS1		-475.00
11/17/2020	05/09/2022	1	DDS1		-475.00
11/30/2020	04/27/2022	1	DDS1		-365.00
11/30/2020	05/09/2022	1	DDS1		-475.00
12/14/2020	04/26/2022	1	DDS1		-475.00
12/15/2020	05/11/2022	1	DDS1		-475.00
12/15/2020	04/28/2022	1	DDS1		-475.00
08/18/2021	08/18/2021	1	DDS1		-145.00
08/18/2021	08/18/2021	1	DDS1		-320.00
10/01/2021	05/09/2022	1	DDS1		-365.40
12/31/2021	04/20/2022	1	DDS1		-480.00
12/31/2021	04/20/2022	1	DDS1		-295.00
12/31/2021	04/20/2022	1	DDS1		-480.00
12/31/2021	08/18/2021	1	DDS1		-145.00
12/31/2021	04/20/2022	1	DDS1		-480.00
12/31/2021	04/20/2022	1	DDS1		-480.00
12/31/2021	04/20/2022	1	DDS1		-475.00
12/31/2021	04/20/2022	1	DDS1		-480.00

BORREGO NONE PAYMENT (-)

PROC DATE	ENTRY DATE	BT	PROV	NAME	AMOUNT
-Continued-					
12/31/2021	04/20/2022	1	DDS1		-475.00

TOTAL: -10535.40

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005846

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
06/21/2020		Patient Balance Forward		0.00		0.00
06/22/2020		Intraoral-complete series (bw)		70.00		70.00
06/22/2020		Comp oral eval-new/estab pat		60.00		130.00
06/29/2020		Unspecified prev procedure, B/R		5.00		135.00
06/29/2020	20	Root canal therapy - bicuspid		365.00		500.00
07/01/2020		Unspecified prev procedure, B/R		5.00		505.00
07/01/2020	20	Crown-porc fuse high noble mtl		475.00		980.00
07/01/2020	20	Prefab post&core in add to crn		105.00		1085.00
07/20/2020	20	Deliver Crown		0.00		1085.00
07/28/2020		Dental Ins Payment - Denti-Cal			-130.00	955.00
07/28/2020		Dental Ins Payment - Denti-Cal			-370.00	585.00
07/30/2020	19	Crown buildup, includ any pins		0.00		585.00
07/30/2020	19	Crown-porc fused to base metal		475.00		1060.00
07/30/2020		Unspecified prev procedure, B/R		5.00		1065.00
08/03/2020		Dental Ins Payment - Denti-Cal			-110.00	955.00
08/17/2020	19	Deliver Crown		0.00		955.00
08/17/2020		Dental Ins Payment - Denti-Cal			-475.00	480.00
08/26/2020		Unspecified prev procedure, B/R		5.00		485.00
08/26/2020	3	Crown-porc fuse high noble mtl		475.00		960.00
08/31/2020		Dental Ins Payment - Denti-Cal			-5.00	955.00
09/14/2020		Dental Ins Payment - Denti-Cal			-475.00	480.00
09/15/2020	3	Deliver Crown		0.00		480.00
09/24/2020		Unspecified prev procedure, B/R		5.00		485.00
09/24/2020	30	Crown-porc fuse high noble mtl		475.00		960.00
09/28/2020		Dental Ins Payment - Denti-Cal			-5.00	955.00
10/15/2020	30	Deliver Crown		0.00		955.00
10/19/2020		Dental Ins Payment - Denti-Cal			-475.00	480.00
10/20/2020	28	Crown-porc fuse high noble mtl		475.00		955.00
10/20/2020		Borrego none payment			-475.00	480.00
10/20/2020		Unspecified prev procedure, B/R		5.00		485.00
10/26/2020		Dental Ins Payment - Denti-Cal			-5.00	480.00
11/05/2020		Unspecified prev procedure, B/R		5.00		485.00
11/05/2020	28	Root canal therapy - bicuspid		365.00		850.00
11/10/2020		Intraoral-periapical-each add'l		10.00		860.00
11/10/2020		Limited oral evaluation		90.00		950.00
11/10/2020		Borrego none payment			-100.00	850.00
11/16/2020		Dental Ins Payment - Denti-Cal			-475.00	375.00
11/16/2020		Dental Ins Payment - Denti-Cal			-5.00	370.00
11/19/2020	28	Deliver Crown		0.00		370.00
12/07/2020	18	Resin composite-2s, posterior		67.20		437.20
12/15/2020		Dental Ins Payment - Denti-Cal			-370.00	67.20
01/04/2021		Dental Ins Payment - Denti-Cal			-67.20	0.00
01/13/2021		Prophy/axis-adult		90.00		90.00
01/13/2021		Bitewings-four films		21.06		111.06
01/13/2021		Intraoral-periapical-each add'l		4.05		115.11
01/13/2021		Intraoral-periapical-each add'l		4.05		119.16
01/13/2021		Comp oral eval-new/estab pat		66.00		185.16
01/13/2021		Topical Application Of Fluoride		15.00		200.16
01/27/2021		Insurance Balance Forward		0.54		200.70
01/27/2021		Dental Ins Payment - Denti-Cal			-200.70	0.00
04/11/2022		Topical Application Of Fluoride		15.00		15.00
04/11/2022		Prophy/axis-adult		90.00		105.00

--Continued--

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 004067

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
10/26/2020		Patient Balance Forward			-110.00	-110.00
10/27/2020		Unspecified prev procedure, B/R		5.00		-105.00
10/27/2020	31	Crown-porc fused to base metal		475.00		370.00
11/12/2020	31	Deliver Crown		0.00		370.00
11/30/2020		Borrego none payment			-365.00	5.00
11/30/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
06/29/2021		Intraoral-complete series (bw)		48.00		48.00
06/29/2021		Periodic oral evaluation		45.00		93.00
07/19/2021		Dental Ins Payment - Denti-Cal			-93.00	0.00
12/30/2021		Limited oral evaluation		0.00		0.00
03/10/2022		Prophylaxis-adult		90.00		90.00
03/15/2022	27	Resin-three surfaces, anterior		91.00		181.00
03/15/2022	28	Resin composite-1surf posterior		54.60		235.60
03/15/2022	29	Resin composite-1surf posterior		54.60		290.20
03/16/2022	8	Resin-one surface, anterior		77.00		367.20
03/16/2022	10	Resin-three surfaces, anterior		91.00		458.20
03/16/2022	11	Resin-one surface, anterior		77.00		535.20
03/17/2022	20	Resin composite-1surf posterior		54.60		589.80
03/17/2022	21	Resin composite-1surf posterior		54.60		644.40
03/17/2022	22	Resin-one surface, anterior		77.00		721.40
03/28/2022		Dental Ins Payment - Denti-Cal			-200.20	521.20
04/12/2022		Dental Ins Payment - Denti-Cal			-245.00	276.20
04/27/2022		Dental Ins Payment - Denti-Cal			-90.00	186.20
04/27/2022		Dental Ins Payment - Denti-Cal			-186.20	0.00
07/06/2022		Cancelled Appointment		0.00		0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005957

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/03/2020		Patient Balance Forward		0.00		0.00
11/04/2020		Intraoral-complete series (bw)		70.00		70.00
11/04/2020		Comp oral eval-new/estab pat		60.00		130.00
11/05/2020		Unspecified prev procedure, B/R		5.00		135.00
11/05/2020		Unspecified prev procedure, B/R		5.00		140.00
11/05/2020	LR	Perio scale&root pln-4+per quad		70.00		210.00
11/05/2020	UR	Perio scale&root pln-4+per quad		70.00		280.00
11/09/2020		Unspecified prev procedure, B/R		5.00		285.00
11/09/2020	LL	Perio scale&root pln-4+per quad		70.00		355.00
11/09/2020	UL	Perio scale&root pln-4+per quad		70.00		425.00
11/16/2020		Unspecified prev procedure, B/R		5.00		430.00
11/16/2020	30	Crown-porc fused to base metal		475.00		905.00
12/02/2020	30	Deliver Crown		0.00		905.00
09/28/2021		Write-Off			-73.00	832.00
09/28/2021		Dental Ins Payment - Denti-Cal			-57.00	775.00
12/31/2021		Borregomone payment			-480.00	295.00
12/31/2021		Dental Ins Payment - Denti-Cal			0.00	295.00
12/31/2021		Borregomone payment			-295.00	0.00
04/20/2022		Dental Ins Payment - Denti-Cal			0.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:	0.00
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005950

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/16/2020		Patient Balance Forward		555.00		555.00
11/05/2020		Unspecified prev procedure, B/R		5.00		560.00
11/05/2020	19	Resin composite-1surf posterior		150.00		710.00
11/17/2020		Unspecified prev procedure, B/R		5.00		715.00
11/17/2020	18	Crown-porc fused to base metal		475.00		1190.00
12/07/2020	18	Deliver Crown		0.00		1190.00
12/15/2020		Dental Ins Payment - Denti-Cal			-130.00	1060.00
12/15/2020		Dental Ins Payment - Denti-Cal			-115.00	945.00
12/15/2020		Dental Ins Payment - Denti-Cal			-155.00	790.00
12/15/2020		Dental Ins Payment - Denti-Cal			-155.00	635.00
12/15/2020		Dental Ins Payment - Denti-Cal			-155.00	480.00
05/24/2021		Last Minute Cancellation		0.00		480.00
05/25/2021		Topical Application Of Fluoride		15.00		495.00
05/25/2021		Prophylaxis-adult		90.00		585.00
05/25/2021		Bitewings-four films		21.60		606.60
05/25/2021		Intraoral-periapical-1st film		4.05		610.65
05/25/2021		Intraoral-periapical-each add'l		4.05		614.70
05/25/2021		Comp oral eval-new/estab pat		66.00		680.70
06/08/2021		Dental Ins Payment - Denti-Cal			-200.70	480.00
07/06/2021		Intraoral-periapical-1st film		12.00		492.00
07/06/2021		Office visit for observation		32.00		524.00
07/19/2021		Dental Ins Payment - Denti-Cal			-44.00	480.00
09/29/2021	18	Resin composite-1surf posterior		150.00		630.00
10/13/2021		Write-Off			-95.40	534.60
10/13/2021		Dental Ins Payment - Denti-Cal			-54.60	480.00
12/31/2021		Porcelain payment			-480.00	0.00
12/31/2021		Dental Ins Payment - Denti-Cal			0.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005623

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/11/2020		Patient Balance Forward		0.00		0.00
11/12/2020		Periodontal maintenance		140.00		140.00
11/12/2020		Unspecified prev procedure, B/R		5.00		145.00
11/19/2020		Unspecified prev procedure, B/R		5.00		150.00
11/19/2020	12	Crown-porc fused to base metal		475.00		625.00
12/28/2020	12	Deliver Crown		0.00		625.00
02/15/2021		Topical Application Of Fluoride		15.00		640.00
02/15/2021		Prophylaxis-adult		90.00		730.00
02/15/2021		Bitewings-four films		21.60		751.60
02/15/2021		Intraoral-periapical-each add'l		4.05		755.65
02/15/2021		Intraoral-periapical-each add'l		4.05		759.70
02/15/2021		Comp oral eval-new/estab pat		66.00		825.70
03/01/2021		Dental Ins Payment - Denti-Cal			-200.70	625.00
08/03/2021		Intraoral-periapical-1st film		12.00		637.00
08/03/2021		Office visit for observation		50.00		687.00
08/17/2021		Write-Off			-18.00	669.00
08/17/2021		Dental Ins Payment - Denti-Cal			-44.00	625.00
08/18/2021		Dental Ins Payment - Denti-Cal			0.00	625.00
09/15/2021	18	Crown-porc fuse high noble mtl		850.00		1475.00
09/15/2021		Care Credit Payment - Thank You			-850.00	625.00
09/28/2021	18	Deliver Crown		0.00		625.00
10/05/2021		Intraoral-periapical-each add'l		0.00		625.00
10/05/2021		Office visit for observation		0.00		625.00
10/05/2021	18	Crown-porc fused to base metal		0.00		625.00
10/19/2021	18	Deliver Crown		0.00		625.00
10/19/2021	LR	Perio scale&root pln-4+per quad		70.00		695.00
10/19/2021	UR	Perio scale&root pln-4+per quad		70.00		765.00
10/21/2021	LL	Perio scale&root pln-4+per quad		70.00		835.00
10/21/2021	UL	Perio scale&root pln-4+per quad		70.00		905.00
10/27/2021		Topical Application Of Fluoride		15.00		920.00
10/27/2021		Prophylaxis-adult		90.00		1010.00
11/29/2021		Write-Off			-105.00	905.00
11/29/2021		Dental Ins Payment - Denti-Cal			0.00	905.00
12/31/2021		Borrego none payment			-145.00	760.00
12/31/2021		Borrego none payment			-480.00	280.00
12/31/2021		Dental Ins Payment - Denti-Cal			0.00	280.00
01/31/2022		Missed appointment		0.00		280.00
02/21/2022		Periodontal maintenance		0.00		280.00
02/21/2022		Prophylaxis-adult		90.00		370.00
02/21/2022		Bitewings-four films		21.60		391.60
02/21/2022		Intraoral-periapical-each add'l		4.05		395.65
02/21/2022		Periodic oral evaluation		45.00		440.65
04/04/2022		Unspecified diag procedure, B/R		55.00		495.65
04/04/2022		Dental Ins Payment - Denti-Cal			-55.00	440.65
04/04/2022		Dental Ins Payment - Denti-Cal			-70.65	370.00
04/18/2022		Dental Ins Payment - Denti-Cal			-90.00	280.00
05/23/2022		Topical Application Of Fluoride		15.00		295.00
05/23/2022		Periodontal maintenance		77.00		372.00
06/23/2022		Dental Ins Payment - Denti-Cal			-15.00	357.00
07/18/2022		Write-Off			-35.00	322.00
07/18/2022		Dental Ins Payment - Denti-Cal			-105.00	217.00
07/18/2022		Write-Off			-35.00	182.00

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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 004313

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/18/2020		Patient Balance Forward		0.00		0.00
11/18/2020		Bitewings-four films		21.60		21.60
11/18/2020		Intraoral-periapical-each add'l		4.05		25.65
11/18/2020		Intraoral-periapical-each add'l		4.05		29.70
11/18/2020		Periodic oral evaluation		45.00		74.70
11/19/2020		Unspecified prev procedure, B/R		5.00		79.70
11/19/2020	LR	Perio scale&root pln-4+per quad		70.00		149.70
11/19/2020	UR	Perio scale&root pln-4+per quad		70.00		219.70
01/04/2021		Dental Ins Payment - Denti-Cal			-74.70	145.00
08/18/2021		Borrego none payment			-145.00	0.00
08/18/2021		Dental Ins Payment - Denti-Cal			0.00	0.00
11/29/2021		Missed Appointment		0.00		0.00
04/07/2022		Topical Application Of Fluoride		15.00		15.00
04/07/2022		Prophylaxis-adult		90.00		105.00
04/07/2022		Bitewings-four films		21.60		126.60
04/07/2022		Intraoral-periapical-each add'l		4.05		130.65
04/07/2022		Intraoral-periapical-each add'l		4.05		134.70
04/07/2022		Periodic oral evaluation		45.00		179.70
04/27/2022		Dental Ins Payment - Denti-Cal			-179.70	0.00
10/10/2022		Office visit for observation		32.00		32.00
11/02/2022		Dental Ins Payment - Denti-Cal			-32.00	0.00
11/07/2022		intraoral-periapical-1st film		12.00		12.00
11/07/2022		Office visit for observation		32.00		44.00
11/23/2022		Dental Ins Payment - Denti-Cal			-44.00	0.00
01/10/2023		Missed appointment		0.00		0.00
01/11/2023		Office visit for observation		32.00		32.00
01/11/2023		Intraoral-periapical-1st film		12.00		44.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:	44.00
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: XXXXXXXXXX

Chart Number: 005868

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
07/12/2020		Patient Balance Forward		0.00		0.00
07/13/2020		Intraoral-complete series (bw)		70.00		70.00
07/13/2020		Comp oral eval-new/estab pat		60.00		130.00
07/15/2020		Unspecified prev procedure, B/R		5.00		135.00
07/15/2020	LR	Perio scale&root pln-4+per quad		70.00		205.00
07/15/2020	UR	Perio scale&root pln-4+per quad		70.00		275.00
07/16/2020		2Peridex Rinse		25.00		300.00
07/16/2020		Cash Payment - Thank You			-25.00	275.00
07/16/2020		Unspecified prev procedure, B/R		5.00		280.00
07/16/2020	LL	Perio scale&root pln-4+per quad		70.00		350.00
07/16/2020	UL	Perio scale&root pln-4+per quad		70.00		420.00
07/20/2020		Unspecified prev procedure, B/R		5.00		425.00
07/20/2020	11	Root canal therapy - anterior		305.00		730.00
07/21/2020		Unspecified prev procedure, B/R		5.00		735.00
07/21/2020	11	Crown-porc fuse high noble mtl		475.00		1210.00
07/21/2020	11	Prefab post&core in add to crn		105.00		1315.00
07/22/2020		Unspecified prev procedure, B/R		5.00		1320.00
07/22/2020	6	Resin-two surfaces, anterior		150.00		1470.00
07/23/2020		Unspecified prev procedure, B/R		5.00		1475.00
07/23/2020	22	Resin-two surfaces, anterior		150.00		1625.00
07/29/2020		Unspecified prev procedure, B/R		5.00		1630.00
07/29/2020	8	Resin-three surfaces, anterior		150.00		1780.00
08/06/2020		Unspecified prev procedure, B/R		5.00		1785.00
08/06/2020	27	Resin-two surfaces, anterior		150.00		1935.00
08/12/2020		Unspecified prev procedure, B/R		5.00		1940.00
08/12/2020	7	Crown-porc fuse high noble mtl		475.00		2415.00
08/12/2020	7	Cast post & core in add to crown		0.00		2415.00
08/18/2020	11	Deliver Crown		0.00		2415.00
08/24/2020		Dental Ins Payment - Denti-Cal			-130.00	2285.00
08/24/2020		Dental Ins Payment - Denti-Cal			-145.00	2140.00
08/24/2020		Dental Ins Payment - Denti-Cal			-145.00	1995.00
08/24/2020		Dental Ins Payment - Denti-Cal			-310.00	1685.00
08/24/2020		Dental Ins Payment - Denti-Cal			-155.00	1530.00
08/24/2020		Dental Ins Payment - Denti-Cal			-155.00	1375.00
08/24/2020		Dental Ins Payment - Denti-Cal			-110.00	1265.00
08/31/2020		Dental Ins Payment - Denti-Cal			-155.00	1110.00
09/03/2020	7	Deliver Crown		0.00		1110.00
09/08/2020		Dental Ins Payment - Denti-Cal			-155.00	955.00
09/09/2020		Unspecified prev procedure, B/R		5.00		960.00
09/09/2020	12	Root canal therapy - bicuspid		365.00		1325.00
09/14/2020		Dental Ins Payment - Denti-Cal			-475.00	850.00
09/14/2020		Dental Ins Payment - Denti-Cal			-5.00	845.00
09/24/2020		Unspecified prev procedure, B/R		5.00		850.00
09/24/2020	12	Crown-porc fuse high noble mtl		475.00		1325.00
09/24/2020	12	Prefab post&core in add to crn		105.00		1430.00
10/06/2020	12	Deliver Crown		0.00		1430.00
10/13/2020		Dental Ins Payment - Denti-Cal			-370.00	1060.00
10/13/2020		Dental Ins Payment - Denti-Cal			-475.00	585.00
10/19/2020		Unspecified prev procedure, B/R		5.00		590.00
10/19/2020	21	Root canal therapy - bicuspid		365.00		955.00
10/26/2020		Dental Ins Payment - Denti-Cal			-110.00	845.00
10/27/2020		Unspecified prev procedure, B/R		5.00		850.00

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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 2

Patient Name: [REDACTED]

Chart Number: 005868

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
--Continued--						
10/27/2020	28	Root canal therapy - bicuspid		365.00		1215.00
11/03/2020		Dental Ins Payment - Denti-Cal			-475.00	740.00
11/04/2020	28	Crown-porc fuse high noble mtl		475.00		1215.00
11/05/2020		Unspecified prev procedure, B/R		5.00		1220.00
11/12/2020		Unspecified prev procedure, B/R		5.00		1225.00
11/12/2020	21	Crown-porc fuse high noble mtl		475.00		1700.00
11/16/2020		Dental Ins Payment - Denti-Cal			-370.00	1330.00
12/02/2020	21	Deliver Crown		0.00		1330.00
12/02/2020	28	Deliver Crown		0.00		1330.00
12/14/2020		Dental Ins Payment - Denti-Cal			-370.00	960.00
12/15/2020		Dental Ins Payment - Denti-Cal			-5.00	955.00
05/26/2021		Intraoral-complete series (bw)		48.00		1003.00
05/26/2021		Comp oral eval-new/estab pat		66.00		1069.00
07/08/2021	LR	Perio scale&root pln-4+per quad		70.00		1139.00
07/08/2021	UR	Perio scale&root pln-4+per quad		70.00		1209.00
07/14/2021	LL	Perio scale&root pln-4+per quad		70.00		1279.00
07/14/2021	UL	Perio scale&root pln-4+per quad		70.00		1349.00
07/27/2021		Dental Ins Payment - Denti-Cal			-114.00	1235.00
08/10/2021		Dental Ins Payment - Denti-Cal			-280.00	955.00
09/08/2021		Topical Application Of Fluoride		15.00		970.00
09/08/2021		Prophylaxis-adult		90.00		1060.00
09/21/2021		Dental Ins Payment - Denti-Cal			-105.00	955.00
12/31/2021		Borrego none payment			-475.00	480.00
12/31/2021		Borrego none payment			-480.00	0.00
12/31/2021		Dental Ins Payment - Denti-Cal			0.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:	0.00
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 003863

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/03/2020		Patient Balance Forward		255.00		255.00
10/21/2020		Unspecified prev procedure, B/R		5.00		260.00
10/21/2020	LL	Perio scale&root pln-4+per quad		70.00		330.00
10/21/2020	UL	Perio scale&root pln-4+per quad		70.00		400.00
11/04/2020		Unspecified prev procedure, B/R		5.00		405.00
11/04/2020	2	Crown-porc fused to base metal		475.00		880.00
11/19/2020	2	Deliver Crown		0.00		880.00
11/30/2020		Dental Ins Payment - Denti-Cal			-110.00	770.00
11/30/2020		Dental Ins Payment - Denti-Cal			-145.00	625.00
11/30/2020		Dental Ins Payment - Denti-Cal			-145.00	480.00
12/15/2020		Borego none payment			-475.00	5.00
12/15/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
01/12/2021		Topical Application Of Fluoride		15.00		15.00
01/12/2021		Prophylaxis-adult		90.00		105.00
01/12/2021		Bitewings-four films		21.60		126.60
01/12/2021		Intraoral-periapical-each add'l		4.05		130.65
01/12/2021		Intraoral-periapical-each add'l		4.05		134.70
01/12/2021		Periodic oral evaluation		45.00		179.70
01/12/2021	3	Resin composite-3s, posterior		79.80		259.50
03/01/2021		Dental Ins Payment - Denti-Cal			-259.50	0.00
03/23/2022		Topical Application Of Fluoride		15.00		15.00
03/23/2022		Prophylaxis-adult		90.00		105.00
03/23/2022		Bitewings-four films		21.60		126.60
03/23/2022		Intraoral-periapical-1st film		12.00		138.60
03/23/2022		Intraoral-periapical-each add'l		4.05		142.65
03/23/2022		Periodic oral evaluation		45.00		187.65
04/04/2022		Write-Off			-7.95	179.70
04/04/2022		Dental Ins Payment - Denti-Cal			-179.70	0.00
04/04/2022		Unspecified diag procedure, B/R		55.00		55.00
04/04/2022		Dental Ins Payment - Denti-Cal			-55.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]	Chart Number: 005686
	Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/09/2020		Patient Balance Forward		630.00		630.00
11/10/2020		Unspecified prev procedure, B/R		5.00		635.00
11/10/2020	10	Crown-porc fused to base metal		475.00		1110.00
12/15/2020		Dental Ins Payment - Denti-Cal			-480.00	630.00
03/18/2021	10	Deliver Crown		0.00		630.00
03/18/2021		Topical Application Of Fluoride		8.00		638.00
03/18/2021		Prophylaxis-child		30.00		668.00
03/18/2021		Bitewings-four films		21.60		689.60
03/18/2021		Comp oral eval-new/estab pat		66.00		755.60
03/18/2021		Intraoral-periapical-each add'l		4.05		759.65
03/18/2021		Intraoral-periapical-each add'l		4.05		763.70
04/05/2021		Dental Ins Payment - Denti-Cal			-133.70	630.00
08/18/2021		Write-Off			-150.00	480.00
08/18/2021		Dental Ins Payment - Denti-Cal			0.00	480.00
12/13/2021		Topical Application Of Fluoride		15.00		495.00
12/13/2021		Prophylaxis-child		30.00		525.00
12/13/2021		Bitewings-four films		21.60		546.60
12/13/2021		Intraoral-periapical-1st film		12.00		558.60
12/13/2021		Intraoral-periapical-each add'l		4.05		562.65
12/13/2021		Periodic oral evaluation		45.00		607.65
12/31/2021		Borego nonepayment			-480.00	127.65
12/31/2021		Dental Ins Payment - Denti-Cal			0.00	127.65
01/06/2022		Write-Off			-14.95	112.70
01/06/2022		Dental Ins Payment - Denti-Cal			-112.70	0.00
06/16/2022		Topical Application Of Fluoride		14.00		14.00
06/16/2022		Prophylaxis-child		52.50		66.50
06/16/2022		Bitewings-four films		21.60		88.10
06/16/2022		Intraoral-periapical-each add'l		4.05		92.15
06/16/2022		Intraoral-periapical-each add'l		4.05		96.20
06/16/2022		Periodic oral evaluation		45.00		141.20
07/07/2022		Dental Ins Payment - Denti-Cal			-141.20	0.00
07/07/2022		Unspecified diag procedure, B/R		55.00		55.00
07/07/2022		Dental Ins Payment - Denti-Cal			-55.00	0.00
10/04/2022	8	Resin-one surface, anterior		77.00		77.00
10/04/2022	9	Resin-one surface, anterior		77.00		154.00
10/06/2022	23	Resin-two surfaces, anterior		84.00		238.00
10/06/2022	26	Resin-one surface, anterior		77.00		315.00
10/24/2022		Dental Ins Payment - Denti-Cal			-154.00	161.00
11/07/2022		Dental Ins Payment - Denti-Cal			-161.00	0.00
11/07/2022		Unspecified diag procedure, B/R		44.00		44.00
11/07/2022		Dental Ins Payment - Denti-Cal			-44.00	0.00
01/17/2023		Topical Application Of Fluoride		14.00		14.00
01/17/2023		Prophylaxis-child		52.50		66.50
01/17/2023		Bitewings-four films		21.60		88.10
01/17/2023		Intraoral-periapical-each add'l		4.05		92.15
01/17/2023		Intraoral-periapical-each add'l		4.05		96.20
01/17/2023		Periodic oral evaluation		45.00		141.20

TOTAL PATIENT BALANCE AS OF 01/18/2023:	141.20
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005884

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
07/28/2020		Patient Balance Forward		0.00		0.00
07/29/2020		Intraoral-complete series (bw)		70.00		70.00
07/29/2020		Comp oral eval-new/estab pat		60.00		130.00
08/03/2020		Prophylaxis-adult		110.00		240.00
08/05/2020		Unspecified prev procedure, B/R		5.00		245.00
08/05/2020	20	Resin composite-2s, posterior		150.00		395.00
08/12/2020		Unspecified prev procedure, B/R		5.00		400.00
08/12/2020	29	Resin composite-2s, posterior		150.00		550.00
08/18/2020		Unspecified prev procedure, B/R		5.00		555.00
08/18/2020	2	Resin composite-3s, posterior		150.00		705.00
08/20/2020		Missed Appointment		0.00		705.00
08/31/2020		Dental Ins Payment - Denti-Cal			-110.00	595.00
09/08/2020		Dental Ins Payment - Denti-Cal			-130.00	465.00
09/08/2020		Dental Ins Payment - Denti-Cal			-155.00	310.00
09/14/2020		Dental Ins Payment - Denti-Cal			-155.00	155.00
09/14/2020		Dental Ins Payment - Denti-Cal			-155.00	0.00
10/01/2020		Unspecified prev procedure, B/R		5.00		5.00
10/01/2020	19	Crown-porc fuse high noble mtl		475.00		480.00
10/07/2020		Unspecified prev procedure, B/R		5.00		485.00
10/07/2020	14	Resin composite-3s, posterior		150.00		635.00
10/15/2020		Unspecified prev procedure, B/R		5.00		640.00
10/15/2020	3	Crown-porc fuse high noble mtl		475.00		1115.00
10/20/2020	3	P.O. Check		0.00		1115.00
11/03/2020		Borrego none payment			-475.00	640.00
11/03/2020		Dental Ins Payment - Denti-Cal			-5.00	635.00
11/05/2020	3	Deliver Crown		0.00		635.00
11/09/2020		Dental Ins Payment - Denti-Cal			-155.00	480.00
11/09/2020		Unspecified prev procedure, B/R		5.00		485.00
11/09/2020	30	Crown-porc fuse high noble mtl		475.00		960.00
11/16/2020		Dental Ins Payment - Denti-Cal			-5.00	955.00
11/25/2020	30	Deliver Crown		0.00		955.00
12/15/2020	19	Deliver Crown		0.00		955.00
12/15/2020		Dental Ins Payment - Denti-Cal			-475.00	480.00
12/15/2020		Borrego none payment			-475.00	5.00
12/15/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
12/22/2020		Topical Application Of Fluoride		15.00		15.00
12/22/2020		Prophylaxis-adult		90.00		105.00
12/22/2020		Bitewings-four films		21.60		126.60
12/22/2020		Intraoral-periapical-each add'l		4.05		130.65
12/22/2020		Intraoral-periapical-each add'l		4.05		134.70
12/22/2020		Comp oral eval-new/estab pat		66.00		200.70
01/12/2021		Dental Ins Payment - Denti-Cal			-200.70	0.00
01/25/2022		Cancelled Appointment		0.00		0.00
05/12/2022		Prophylaxis-adult		60.00		60.00
05/12/2022		Intraoral-complete series (bw)		81.00		141.00
05/12/2022		Comp oral eval-new/estab pat		41.00		182.00
05/23/2022		Dental Ins Payment - METLIFE			-182.00	0.00
11/28/2022		Missed Appointment		0.00		0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 001854

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
10/28/2020		Patient Balance Forward		0.00		0.00
10/29/2020		Unspecified prev procedure, B/R		5.00		5.00
10/29/2020	19	Crown-porc fused to base metal		475.00		480.00
11/19/2020	19	Deliver Crown		0.00		480.00
12/14/2020		Borrego none payment			-475.00	5.00
12/14/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
04/06/2021		Intraoral-periapical-1st film		12.00		12.00
04/06/2021	18	Resin composite-2s, posterior		67.20		79.20
04/19/2021		Dental Ins Payment - Denti-Cal			-79.20	0.00
03/08/2022		Intraoral-complete series (bw)		48.00		48.00
03/08/2022		Comp oral eval-new/estab pat		66.00		114.00
03/21/2022		Dental Ins Payment - Denti-Cal			-114.00	0.00
04/27/2022	3	Resin composite-2s, posterior		67.20		67.20
04/27/2022	4	Resin composite-2s, posterior		67.20		134.40
04/27/2022	LL	Perio scale&root pln-1-3th,quad		42.00		176.40
04/27/2022	LR	Perio scale&root pln-1-3th,quad		42.00		218.40
04/27/2022	UL	Perio scale&root pln-1-3th,quad		42.00		260.40
04/27/2022	UR	Perio scale&root pln-1-3th,quad		42.00		302.40
05/09/2022		Dental Ins Payment - Denti-Cal			-134.40	168.00
05/09/2022		Dental Ins Payment - Denti-Cal			-168.00	0.00
08/10/2022		Periodontal maintenance		77.00		77.00
08/10/2022		Topical Application Of Fluoride		15.00		92.00
08/23/2022		Dental Ins Payment - Denti-Cal			-92.00	0.00
11/16/2022		Periodontal maintenance		77.00		77.00
12/05/2022		Dental Ins Payment - Denti-Cal			-77.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 003888

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
10/12/2020		Patient Balance Forward		0.00		0.00
10/13/2020		Unspecified prev procedure, B/R		5.00		5.00
10/13/2020	30	Crown-porc fused to base metal		475.00		480.00
10/20/2020		Unspecified prev procedure, B/R		5.00		485.00
10/20/2020	28	Resin composite-1surf posterior		150.00		635.00
10/27/2020		Unspecified prev procedure, B/R		5.00		640.00
10/27/2020	29	Resin composite-1surf posterior		150.00		790.00
11/10/2020		Broken Appointment w/o 24		0.00		790.00
11/16/2020		Borrego none payment			-475.00	315.00
11/16/2020		Dental Ins Payment - Denti-Cal			-5.00	310.00
11/30/2020		Dental Ins Payment - Denti-Cal			-155.00	155.00
11/30/2020		Dental Ins Payment - Denti-Cal			-155.00	0.00
12/01/2020	30	Deliver Crown		0.00		0.00
03/01/2021		Last Minute Cancellation		0.00		0.00
03/09/2021		Topical Application Of Fluoride		15.00		15.00
03/09/2021		Prophylaxis-adult		90.00		105.00
03/09/2021		Bitewings-four films		21.60		126.60
03/09/2021		Intraoral-periapical-each add'l		4.05		130.65
03/09/2021		Intraoral-periapical-each add'l		4.05		134.70
03/09/2021		Periodic oral evaluation		45.00		179.70
03/23/2021		Dental Ins Payment - Denti-Cal			-179.70	0.00
07/20/2022		Topical Application Of Fluoride		15.00		15.00
07/20/2022		Prophylaxis-adult		90.00		105.00
07/20/2022		Bitewings-four films		21.60		126.60
07/20/2022		Intraoral-periapical-each add'l		4.05		130.65
07/20/2022		Intraoral-periapical-each add'l		4.05		134.70
07/20/2022		Periodic oral evaluation		45.00		179.70
08/11/2022		Dental Ins Payment - Denti-Cal			-179.70	0.00
08/11/2022		Unspecified diag procedure, B/R		55.00		55.00
08/11/2022		Dental Ins Payment - Denti-Cal			-55.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:	0.00
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005938

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
10/06/2020		Patient Balance Forward		0.00		0.00
10/07/2020		Intraoral-complete series (bw)		70.00		70.00
10/07/2020		Comp oral eval-new/estab pat		60.00		130.00
10/08/2020		Prophylaxis-adult		110.00		240.00
10/12/2020		Unspecified prev procedure, B/R		5.00		245.00
10/12/2020	13	Resin composite-2s, posterior		150.00		395.00
10/13/2020		Unspecified prev procedure, B/R		5.00		400.00
10/13/2020	15	Resin composite-1surf posterior		150.00		550.00
10/14/2020		Unspecified prev procedure, B/R		5.00		555.00
10/14/2020	18	Resin composite-1surf posterior		150.00		705.00
10/19/2020		Unspecified prev procedure, B/R		5.00		710.00
10/19/2020	20	Crown-porc fused to base metal		475.00		1185.00
10/26/2020		Unspecified prev procedure, B/R		5.00		1190.00
10/26/2020	19	Resin composite-1surf posterior		150.00		1340.00
11/03/2020		Unspecified prev procedure, B/R		5.00		1345.00
11/03/2020	7	Resin-two surfaces, anterior		150.00		1495.00
11/09/2020	12	Resin composite-2s, posterior		67.20		1562.20
11/10/2020	20	Deliver Crown		0.00		1562.20
11/16/2020		Cancellation with 24hrs notice		0.00		1562.20
11/16/2020		Dental Ins Payment - Denti-Cal			-110.00	1452.20
11/16/2020		Dental Ins Payment - Denti-Cal			-155.00	1297.20
11/16/2020		Dental Ins Payment - Denti-Cal			-155.00	1142.20
11/16/2020		Dental Ins Payment - Denti-Cal			-155.00	987.20
11/16/2020		Dental Ins Payment - Denti-Cal			-5.00	982.20
11/16/2020		Dental Ins Payment - Denti-Cal			-130.00	852.20
11/18/2020		Unspecified prev procedure, B/R		5.00		857.20
11/18/2020	21	Crown-porc fused to base metal		475.00		1332.20
11/30/2020		Write-Off			-5.00	1327.20
11/30/2020		Dental Ins Payment - Denti-Cal			-150.00	1177.20
12/08/2020	21	Deliver Crown		0.00		1177.20
12/15/2020		Dental Ins Payment - Denti-Cal			-155.00	1022.20
08/17/2021		Write-Off			-16.80	1005.40
08/17/2021		Dental Ins Payment - Denti-Cal			-50.40	955.00
12/31/2021		Borrego none payment			-475.00	480.00
12/31/2021		Borrego none payment			-480.00	0.00
12/31/2021		Dental Ins Payment - Denti-Cal			0.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023: 0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005066

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
12/31/2019		Patient Balance Forward		0.00		0.00
02/18/2020		Dental Ins Payment - Denti-Cal			0.00	0.00
02/18/2020		Dental Ins Payment - Denti-Cal			0.00	0.00
09/22/2020		Bitewings-four films		50.00		50.00
09/22/2020		Intraoral-periapical-1st film		10.00		60.00
09/22/2020		Intraoral-periapical-each add'l		10.00		70.00
09/22/2020		Periodic oral evaluation		40.00		110.00
09/28/2020		Topical Application Of Fluoride		0.00		110.00
09/28/2020		Prophylaxis-adult		110.00		220.00
10/07/2020		Unspecified prev procedure, B/R		5.00		225.00
10/07/2020	22	Root canal therapy - anterior		305.00		530.00
10/07/2020		Borrego none payment			-310.00	220.00
10/07/2020		Dental Ins Payment - Denti-Cal			0.00	220.00
10/08/2020		Unspecified prev procedure, B/R		5.00		225.00
10/08/2020	22	Crown-porc fuse high noble mtl		475.00		700.00
10/19/2020		Dental Ins Payment - Denti-Cal			-110.00	590.00
10/26/2020		Dental Ins Payment - Denti-Cal			-110.00	480.00
10/26/2020	22	Deliver Crown		0.00		480.00
11/09/2020		Dental Ins Payment - Denti-Cal			-5.00	475.00
11/16/2020		Unspecified prev procedure, B/R		5.00		480.00
11/16/2020		Intraoral-periapical-1st film		10.00		490.00
11/16/2020	10	Root canal therapy - anterior		305.00		795.00
11/17/2020	10	Crown-porc fuse high noble mtl		475.00		1270.00
11/17/2020	10	Crown buildup, includ any pins		0.00		1270.00
11/17/2020		Borrego none payment			-475.00	795.00
11/30/2020		Dental Ins Payment - Denti-Cal			-475.00	320.00
12/03/2020	10	Deliver Crown		0.00		320.00
12/03/2020	6	Resin-three surfaces, anterior		77.00		397.00
01/05/2021		Dental Ins Payment - Denti-Cal			-77.00	320.00
01/26/2021		Intraoral-periapical-1st film		12.00		332.00
01/26/2021		Office visit for observation		32.00		364.00
02/09/2021		Dental Ins Payment - Denti-Cal			-44.00	320.00
02/11/2021		Last Minute Cancellation		0.00		320.00
08/18/2021		Borrego none payment			-320.00	0.00
08/18/2021		Dental Ins Payment - Denti-Cal			0.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 006099

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
09/21/2021		Patient Balance Forward		0.00		0.00
09/22/2021	28	Root canal therapy - bicuspid	[REDACTED]	365.40		365.40
10/01/2021		Borrego phone payment			-365.40	0.00
10/01/2021		Dental Ins Payment - Denti-Cal			0.00	0.00
11/01/2021		Insurance Payment - Thank You			-212.20	-212.20
11/01/2021		Insurance Over-pmt Refund		212.20		0.00
11/01/2021	LR	Perio scale&root pln-4+per quad		70.00		70.00
11/01/2021	UR	Perio scale&root pln-4+per quad		70.00		140.00
11/03/2021	LL	Perio scale&root pln-4+per quad		70.00		210.00
11/03/2021	UL	Perio scale&root pln-4+per quad		70.00		280.00
11/30/2021		Dental Ins Payment - Denti-Cal			-280.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 004927

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
05/23/2018		Patient Balance Forward		555.00		555.00
05/24/2018	13	Crown-porc fused to base metal		475.00		1030.00
05/24/2018	13	Crown buildup, includ any pins		105.00		1135.00
06/14/2018		Dental Ins Payment - Denti-Cal			-140.00	995.00
06/20/2018	13	Deliver Crown		0.00		995.00
07/05/2018		Dental Ins Payment - Denti-Cal			-140.00	855.00
07/05/2018		Dental Ins Payment - Denti-Cal			-100.00	755.00
07/05/2018		Dental Ins Payment - Denti-Cal			-365.00	390.00
08/15/2018		Periodontal maintenance		140.00		530.00
09/17/2018		Dental Ins Payment - Denti-Cal			-140.00	390.00
11/26/2018		Bitewings-four films		50.00		440.00
11/26/2018		Intraoral-periapical-1st film		10.00		450.00
11/26/2018		Intraoral-periapical-each add'l		10.00		460.00
11/26/2018		Periodic oral evaluation		40.00		500.00
12/10/2018	14	Resin composite-3s, posterior		150.00		650.00
12/21/2018		Periodontal maintenance		140.00		790.00
01/08/2019		Dental Ins Payment - Denti-Cal			-110.00	680.00
01/09/2019		Dental Ins Payment - Denti-Cal			-150.00	530.00
02/19/2019		Dental Ins Payment - Denti-Cal			-140.00	390.00
03/11/2019		Periodontal maintenance		140.00		530.00
04/15/2019		Dental Ins Payment - Denti-Cal			-140.00	390.00
06/17/2019		Periodontal maintenance		140.00		530.00
07/23/2019		Dental Ins Payment - Denti-Cal			-140.00	390.00
09/23/2019		Periodontal maintenance		140.00		530.00
10/28/2019		Dental Ins Payment - Denti-Cal			-140.00	390.00
12/02/2019		Last Minute Cancellation		0.00		390.00
02/18/2020		Borrego none payment			-390.00	0.00
02/18/2020		Dental Ins Payment - Denti-Cal			0.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:	0.00
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]	Chart Number: 004931
	Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
10/26/2020		Patient Balance Forward		115.00		115.00
10/27/2020		Unspecified prev procedure, B/R		5.00		120.00
10/27/2020	20	Crown-porc fused to base metal		475.00		595.00
11/11/2020	20	Deliver Crown		0.00		595.00
11/30/2020		Dental Ins Payment - Denti-Cal			-115.00	480.00
11/30/2020		Borrego none payment			-475.00	5.00
11/30/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
12/03/2020		Deliver Upper Partial		0.00		0.00
12/03/2020		Repair or replace broken clasp		140.00		140.00
01/14/2021		Intraoral-complete series (bw)		48.00		188.00
01/14/2021		Comp oral eval-new/estab pat		66.00		254.00
02/02/2021		Dental Ins Payment - Denti-Cal			-114.00	140.00
02/02/2021	LR	Perio scale&root pln-4+per quad		50.00		190.00
02/02/2021	UL	Perio scale&root pln-4+per quad		30.00		220.00
02/09/2021		Dental Ins Payment - Denti-Cal			-140.00	80.00
05/13/2021		Periodontal maintenance		77.00		157.00
07/19/2021		Dental Ins Payment - Denti-Cal			-77.00	80.00
08/17/2021		Insurance Balance Forward		32.00		112.00
08/17/2021		Dental Ins Payment - Denti-Cal			-112.00	0.00
08/19/2021		Periodontal maintenance		77.00		77.00
09/07/2021		Dental Ins Payment - Denti-Cal			-77.00	0.00
12/01/2021		Periodontal maintenance		77.00		77.00
12/14/2021		Dental Ins Payment - Denti-Cal			-77.00	0.00
07/05/2022		Periodontal maintenance		77.00		77.00
07/05/2022		Bitewings-four films		21.60		98.60
07/05/2022		Intraoral-periapical-each add'l		4.05		102.65
07/05/2022		Intraoral-periapical-each add'l		4.05		106.70
07/05/2022		Periodic oral evaluation		45.00		151.70
07/05/2022		Topical Application Of Fluoride		15.00		166.70
08/03/2022		Dental Ins Payment - Denti-Cal			-151.70	15.00
08/03/2022		Dental Ins Payment - Denti-Cal			-15.00	0.00
08/03/2022		Unspecified diag procedure, B/R		55.00		55.00
08/03/2022		Dental Ins Payment - Denti-Cal			-55.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:	0.00
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SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005904

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
08/23/2020		Patient Balance Forward		0.00		0.00
08/24/2020		Intraoral-complete series (bw)		70.00		70.00
08/24/2020		Comp oral eval-new/estab pat		60.00		130.00
08/26/2020		Unspecified prev procedure, B/R		5.00		135.00
08/26/2020	LR	Perio scale&root pln-4+per quad		70.00		205.00
08/26/2020	UR	Perio scale&root pln-4+per quad		70.00		275.00
09/01/2020		Unspecified prev procedure, B/R		5.00		280.00
09/01/2020	LL	Perio scale&root pln-4+per quad		70.00		350.00
09/01/2020	UL	Perio scale&root pln-4+per quad		70.00		420.00
09/08/2020		Unspecified prev procedure, B/R		5.00		425.00
09/08/2020	18	Resin composite-1surf posterior		150.00		575.00
09/10/2020		Unspecified prev procedure, B/R		5.00		580.00
09/10/2020	12	Resin composite-2s, posterior		150.00		730.00
09/17/2020		Unspecified prev procedure, B/R		5.00		735.00
09/17/2020	30	Crown-porc fuse high noble mtl		475.00		1210.00
09/23/2020		Dental Ins Payment - Denti-Cal			-130.00	1080.00
09/23/2020		Dental Ins Payment - Denti-Cal			-145.00	935.00
10/06/2020		Dental Ins Payment - Denti-Cal			-145.00	790.00
10/06/2020		Dental Ins Payment - Denti-Cal			-155.00	635.00
10/13/2020		Dental Ins Payment - Denti-Cal			-155.00	480.00
10/19/2020		Borrego non-payment			-475.00	5.00
10/19/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
11/24/2020	30	Deliver Crown		0.00		0.00
08/30/2021		Intraoral-complete series (bw)		70.00		70.00
08/30/2021		Comp oral eval-new/estab pat		66.00		136.00
09/08/2021		Topical Application Of Fluoride		15.00		151.00
09/08/2021		Prophylaxis-adult		90.00		241.00
09/14/2021		Write-Off			-22.00	219.00
09/14/2021		Dental Ins Payment - Denti-Cal			-114.00	105.00
09/21/2021		Dental Ins Payment - Denti-Cal			-105.00	0.00
10/31/2022		Bitewings-four films		21.60		21.60
10/31/2022		Intraoral-periapical-each add'l		4.05		25.65
10/31/2022		Intraoral-periapical-each add'l		4.05		29.70
10/31/2022		Periodic oral evaluation		45.00		74.70
11/16/2022		Dental Ins Payment - Denti-Cal			-74.70	0.00
11/16/2022		Unspecified diag procedure, B/R		55.00		55.00
11/16/2022		Dental Ins Payment - Denti-Cal			-55.00	0.00
12/13/2022	LL	Perio scale&root pln-4+per quad		70.00		70.00
12/13/2022	LR	Perio scale&root pln-4+per quad		70.00		140.00
12/13/2022	UL	Perio scale&root pln-4+per quad		70.00		210.00
12/13/2022	UR	Perio scale&root pln-4+per quad		70.00		280.00
12/15/2022		Topical Application Of Fluoride		15.00		295.00
12/15/2022		Prophylaxis-adult		90.00		385.00
01/16/2023		Dental Ins Payment - Denti-Cal			-280.00	105.00
01/16/2023		Dental Ins Payment - Denti-Cal			-105.00	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00

SINGLE PATIENT LEDGER

Meigs Family Dental

Date: 01/18/2023

Page: 1

Patient Name: [REDACTED]

Chart Number: 005368

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
10/14/2020		Patient Balance Forward		630.00		630.00
10/15/2020		Unspecified prev procedure, B/R		5.00		635.00
10/15/2020	20	Crown-porc fuse high noble mtl		475.00		1110.00
10/19/2020		Dental Ins Payment - Denti-Cal			-475.00	635.00
11/03/2020		Dental Ins Payment - Denti-Cal			-155.00	480.00
11/05/2020		Last Minute Cancellation		0.00		480.00
11/16/2020		Borrego none payment			-475.00	5.00
11/16/2020		Dental Ins Payment - Denti-Cal			-5.00	0.00
12/02/2020	20	Deliver Crown		0.00		0.00
12/16/2020		Topical Application Of Fluoride		15.00		15.00
12/16/2020		Prophylaxis-adult		90.00		105.00
12/16/2020		Bitewings-four films		21.60		126.60
12/16/2020		Intraoral-periapical-each add'l		4.05		130.65
12/16/2020		Intraoral-periapical-each add'l		4.05		134.70
12/16/2020		Comp oral eval-new/estab pat		66.00		200.70
01/27/2021		Dental Ins Payment - Denti-Cal			-200.70	0.00
08/05/2021		Intraoral-periapical-1st film		12.00		12.00
08/05/2021		Office visit for observation		32.00		44.00
08/16/2021	19	Surgic removl resid tooth root		140.00		184.00
08/24/2021		Dental Ins Payment - Denti-Cal			-44.00	140.00
09/28/2021		Write-Off			-82.60	57.40
09/28/2021		Dental Ins Payment - Denti-Cal			-57.40	0.00

TOTAL PATIENT BALANCE AS OF 01/18/2023:

0.00