

Bluebonnet Family Dental

General & Cosmetic Dentistry — Dr. Alex Reyes, DDS
1725 Coit Rd, Suite 120, Richardson, TX 75080 · (469) 555-0159

Annual Itemized Statement

Account # D-30582
Statement # AS-DEN-2025-002218
Issued 01/06/2026

STATEMENT PERIOD: JANUARY 1, 2025 – DECEMBER 31, 2025

PATIENT

Jordan A. Sample
22 Elmwood Lane, Frisco, TX 75034
Date of birth: 03/14/1988

RESPONSIBLE PARTY / COVERAGE

Jordan A. Sample (Self)
Dental plan: DeltaCare self-pay portion
Member ID: DN-4471902

DATE OF SERVICE	CDT	DESCRIPTION OF SERVICE	PROVIDER	CHARGE	INSURANCE PAID	PATIENT PAID
01/22/2025	D0120	Periodic oral evaluation — established patient	Dr. A. Reyes	\$58.00	\$46.40	\$11.60
01/22/2025	D1110	Prophylaxis (cleaning) — adult	M. Cho, RDH	\$112.00	\$89.60	\$22.40
01/22/2025	D0274	Bitewings — four radiographic images	Dr. A. Reyes	\$72.00	\$57.60	\$14.40
03/05/2025	D2392	Resin-based composite — two surfaces, posterior	Dr. A. Reyes	\$235.00	\$141.00	\$94.00
03/05/2025	D9222	Deep sedation / local anesthesia (first 15 min)	Dr. A. Reyes	\$65.00	\$0.00	\$65.00
05/19/2025	D2740	Crown — porcelain/ceramic	Dr. A. Reyes	\$1,180.00	\$590.00	\$590.00
05/19/2025	D2950	Core buildup, including any pins	Dr. A. Reyes	\$240.00	\$120.00	\$120.00
07/28/2025	D0120	Periodic oral evaluation — established patient	Dr. A. Reyes	\$58.00	\$46.40	\$11.60
07/28/2025	D1110	Prophylaxis (cleaning) — adult	M. Cho, RDH	\$112.00	\$89.60	\$22.40
07/28/2025	D0274	Bitewings — four radiographic images	Dr. A. Reyes	\$72.00	\$57.60	\$14.40
09/10/2025	D4341	Periodontal scaling & root planing — per quadrant (UR)	Dr. A. Reyes	\$275.00	\$192.50	\$82.50
09/10/2025	D4341	Periodontal scaling & root planing — per quadrant (UL)	Dr. A. Reyes	\$275.00	\$192.50	\$82.50
11/17/2025	D0120	Periodic oral evaluation — established patient	Dr. A. Reyes	\$58.00	\$46.40	\$11.60
11/17/2025	D1110	Prophylaxis (cleaning) — adult	M. Cho, RDH	\$112.00	\$89.60	\$22.40
11/17/2025	D1206	Topical application of fluoride varnish	M. Cho, RDH	\$45.00	\$36.00	\$9.00

Total charges (12 months) \$2,969.00

Total insurance / plan paid	-\$1,795.20
Total patient responsibility	\$1,173.80
Total patient payments received	-\$1,173.80
Account balance	\$0.00

This annual statement itemizes every dental service rendered on this account from January 1 to December 31, 2025 — 15 line items including recall exams, cleanings, radiographs, restorative and periodontal treatment — each with its date of service, ADA/CDT procedure code, description, treating provider, fee, plan payment, and patient portion. Patient payments totaling \$1,173.80 were received and the account balance is \$0.00. Retain for HSA/FSA reimbursement.

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SAMPLE — synthetic exemplar for the CDHP Document Knowledge Library. Fictitious provider & data; not a real record and not affiliated with any real health system or insurer.

SAMPLE