

Willow Bend Dental

Itemized Statement

2200 Parker Road, Suite 105 · Plano, TX 75093
(972) 555-0171 · Tax ID 47-0000004 · NPI 1000000041
Provider: Emily S. Hart, DDS

Statement date: 09/05/2026
Account #: D-20115
Statement #: ST-2026-11190

PATIENT

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

RESPONSIBLE PARTY

Jordan A. Sample
Relationship: Self
Plan: DeltaCare PPO (sample)
Member ID: SAMPLE-20115

DATE OF SERVICE	ADA CODE	DESCRIPTION OF SERVICE	CHARGE
09/04/2026	D0120	Periodic oral evaluation — established patient	\$65.00
09/04/2026	D0274	Bitewings — four radiographic images	\$72.00
09/04/2026	D1110	Prophylaxis — adult (routine cleaning)	\$110.00
Total charges			\$247.00
Dental plan paid			-\$172.00
Contractual adjustment			-\$25.00
Patient responsibility			\$50.00
Patient payment received			-\$50.00
Account balance			\$0.00

PAYMENT RECEIVED

Date: 09/04/2026 Method: Visa ending 0213 Amount: \$50.00 Status: Paid in full

Itemized statement of dental services actually rendered — date of service, ADA/CDT codes and descriptions, provider, patient, and amount paid out of pocket. Retain for HSA/FSA reimbursement.