

STATEMENT OF ACCOUNT

North Park Dental, P.C.
810 West C Street
Ogallala, NE 69153

(308)284-4722

CHART NO. AU0014	PAGE NO. 1
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BILLING DATE 07/01/2014

GUARANTOR NAME AND MAILING ADDRESS

Kassie Austin
905 West G
Ogallala, NE 69153


Rotary Club

AMOUNT ENCLOSED \$

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
06/01/2014	Balance Forward		0.00	
07/01/2014	Prophylaxis-child	Alivia	37.00	
07/01/2014	Comp oral eval-new/estab pat	Alivia	53.00	
07/01/2014	Bitewings-two films	Alivia	31.00	

OGALLALA ROTARY CLUB P.O. BOX 751 OGALLALA, NE 69153	7717 76-1391/1049
Date <u>9/23/2014</u>	
Pay to the Order of <u>North Park Dental, P.C.</u>	\$ <u>605.00</u>
<u>Six hundred five and 00/100</u>	Dollars
Pinnacle Bank OGALLALA, NEBRASKA • pinnbank.com	VOID AFTER 90 DAYS
For <u>Kindergarten Dental Exams</u>	
⑆ 1049 139 121 290 26 24005 ⑈ 7717	

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
0.00	0.00	121.00	121.00

Truth in Treatment statement additions: The following additional treatments were part of your exam today, at no charge to you! Medical History Update; Occlusion Check; Oral Cancer Screening; Periodontal Screening; Blood Pressure Check; Oral Hygiene Instructions; Oral Home Care Kit including toothbrush, dental floss & toothpaste sample! Thank you for visiting North Park Dental!!

STATEMENT OF ACCOUNT

North Park Dental, P.C.
810 West C Street
Ogallala, NE 69153

(308)284-4722

CHART NO. SC0035	PAGE NO. 1
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BILLING DATE
07/16/2014

GUARANTOR NAME AND MAILING ADDRESS

Bradly Schlem
905 East C St.
Ogallala, NE 69153

Rotary Club

AMOUNT ENCLOSED
\$

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DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
06/16/2014	Balance Forward		0.00	
07/16/2014	Prophylaxis-child	Kennady	37.00	
07/16/2014	Comp oral eval-new/estab pat	Kennady	53.00	
07/16/2014	Bitewings-two films	Kennady	31.00	

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
0.00	0.00	121.00	121.00

Truth in Treatment statement additions: The following additional treatments were part of your exam today, at no charge to you! Medical History Update, Occlusion Check; Oral Cancer Screening; Periodontal Screening; Blood Pressure Check; Oral Hygiene Instructions; Oral Home Care Kit including toothbrush, dental floss & toothpaste sample! Thank you for visiting North Park Dental!!

STATEMENT OF ACCOUNT

North Park Dental, P.C.
 810 West C Street
 Ogallala, NE 69153
 (308)284-4722

CHART NO.	PAGE NO.
SI0074	1

BILLING DATE
06/26/2014

GUARANTOR NAME AND MAILING ADDRESS

Megan Sitorius
 603 East 10
 Ogallala, NE 69153

Rotary Club

AMOUNT ENCLOSED
\$

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
05/26/2014	Balance Forward		0.00	
06/26/2014	Prophylaxis-child	Chandler	37.00	
06/26/2014	Comp oral eval-new/estab pat	Chandler	53.00	
06/26/2014	Bitewings-two films	Chandler	31.00	

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
0.00	0.00	121.00	121.00

Truth in Treatment statement additions: The following additional treatments were part of your exam today, at no charge to you! Medical History Update; Occulsion Check; Oral Cancer Screening; Periodontal Screening; Blood Pressure Check; Oral Hygiene Instructions; Oral Home Care Kit including toothbrush, dental floss & toothpaste sample! Thank you for visiting North Park Dental!!

STATEMENT OF ACCOUNT

North Park Dental, P.C.
810 West C Street
Ogallala, NE 69153

(308)284-4722

CHART NO. MC0191	PAGE NO. 1
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BILLING DATE
06/26/2014

GUARANTOR NAME AND MAILING ADDRESS

Andrew McColley
1014 East 9
Ogallala, NE 69153

Rotary Club

AMOUNT ENCLOSED
\$

TO ENSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
05/26/2014	Balance Forward		0.00	
* 06/04/2014	Prophylaxis-child	Madison	37.00	
* 06/04/2014	Comp oral eval-new/estab pat	Madison	53.00	
* 06/04/2014	Bitewings-two films	Madison	31.00	
* Indicates that Dental Insurance has been billed.				

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
0.00	0.00	121.00	121.00

Truth in Treatment statement additions: The following additional treatments were part of your exam today, at no charge to you! Medical History Update, Occlusion Check, Oral Cancer Screening; Periodontal Screening; Blood Pressure Check; Oral Hygiene Instructions; Oral Home Care Kit including toothbrush, dental floss & toothpaste sample! Thank you for visiting North Park Dental!!

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 North Park Dental, P.C.
 810 West C Street
 Ogallala, NE 69153

 (308)284-4722

CHART NO. VA0061	PAGE NO. 1
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BILLING DATE 06/26/2014

GUARANTOR NAME AND MAILING ADDRESS	
Kara L VanVelson 519 West 6th Ogallala, NE 69153	<div style="font-size: 2em; font-family: cursive;">Rotary Club</div>

AMOUNT ENCLOSED \$

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DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
05/26/2014	Balance Forward		0.00	
06/04/2014	Bitewings-two films	Richard	31.00	
06/04/2014	Comp oral eval-new/estab pat	Richard	53.00	
06/04/2014	Intraoral-occlusal film	Richard	0.00	
06/04/2014	Prophylaxis-child	Richard	37.00	
06/04/2014	Intraoral-occlusal film	Richard	0.00	

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
0.00	- 0.00	+ 121.00	= 121.00

Truth in Treatment statement additions: The following additional treatments were part of your exam today, at no charge to you! Medical History Update; Occulsion Check; Oral Cancer Screening; Periodontal Screening; Blood Pressure Check; Oral Hygiene Instructions; Oral Home Care Kit including toothbrush, dental floss & toothpaste sample! Thank you for visiting North Park Dental!!