

STATEMENT OF ACCOUNT

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

 (308)284-4722

CHART NO. HU0056	PAGE NO. 1
BILLING DATE 09/08/2014	

GUARANTOR NAME AND MAILING ADDRESS

Duke Huffman
 801 Lakeview West Rd
 Brule, NE 69127

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
08/08/2014	Balance Forward		0.00	
09/08/2014	Bitewings-two films	Bella	31.00	
09/08/2014	Prophylaxis-child	Bella	37.00	
09/08/2014	Comp oral eval-new/estab pat	Bella	53.00	

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!!