

Dental Statement of Services

Statement Date: Wednesday, January 17, 2018

| | |
|--|-------------------------------|
| [REDACTED] [REDACTED] New York, NY 10065 DOB : [REDACTED] SSN : Rel. to Prim. Sub : | Account # : [REDACTED] |
|--|-------------------------------|

| Provider | |
|--|--|
| Michelle Katz 474 6th Ave New York, NY 10011 TaxID # : [REDACTED] NPI # : License # : Phone # : [REDACTED] | |

| Remarks for Unusual Service |
|-----------------------------|
| |

| | |
|----------------------|------------------------|
| No Primary Insurance | No Secondary Insurance |
| | |

| Date | Code | Th | Surf | Description | Charges | Credits |
|--------------------------------|-------|----|------|---------------------------------------|--------------|---------------|
| 1/17/2018 | ZCLEA | | | THE CLEAN PMT PAT-American Express | 89.00 | -89.00 |
| Total as of 1/17/2018 : | | | | | 89.00 | -89.00 |

Signed (Treating Provider) : _____

Date : _____