

PRACTICE LIMITED TO ENDODONTICS

FAX

STEVEN D. KAPLAN, D.M.D.
ALEN JAKOB, D.M.D.
PRACTICE LIMITED TO ENDODONTICS

119 WEST 57 STREET
SUITE 700
NEW YORK, N.Y. 10019

P.
C.

FAX COVER LETTER

Date: 2-11-16

To: Bella

From: DR. ALEN JAKOB

Number Of Pages Including This Cover Sheet 2

Comments: AS PER OUR CONVERSATION,
SEE A COPY OF STATEMENT
ATTACHED.

Thanks
Avena

PATIENT STATEMENT

Steven D Kaplan, DMD
 119 West 57th Street
 Suite 700
 New York NY 10019

DATE	ACCOUNT NO.
02/11/2016	



PATIENT	DESCRIPTION	CHARGE	CREDIT	EXPECTED INS.	PATIENT CHARGE
02/11/2016	Steven D. Kaplan LIC. 034161	2500.00		.00	2500.00
	Tax ID. 133161736				

SUMMARY	INSURANCE	PATIENT	ADDITIONAL INFORMATION/APPOINTMENT SCHEDULING
PREVIOUS ACCOUNT BALANCE	.00	.00	
CHARGES FOR TODAY'S VISIT	+ .00	+ 2500.00	
PAYMENT		+ .00	
CURRENT ACCOUNT BALANCE	.00	2500.00	
TOTAL OBLIGATION		2500.00	

PLEASE PAY THIS AMOUNT ---> 2500.00

If your insurance company pays more than expected, you will be credited the difference. If your insurance company pays less than expected, you will be charged the difference. Final responsibility for payment rests with the person to whom this receipt is addressed.