

PRACTICE LIMITED TO ENDODONTICS

212-245-1066
FAX 212-316-8160

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

P. 212 - 245-1066
C. 917 - 576-2698

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

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
 (212) 245-1066

| | |
|------------|-------------|
| DATE | ACCOUNT NO. |
| 02/11/2016 | 9617-0 |



| PATIENT | DESCRIPTION | CHARGE | CREDIT | EXPECTED INS. | PATIENT CHARGE |
|--------------------------|--|-------------------|--------|---------------|----------------|
| ██████████ 02/11/2016 | Retreatment-molar ADA: D3348 Tooth: 19 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.