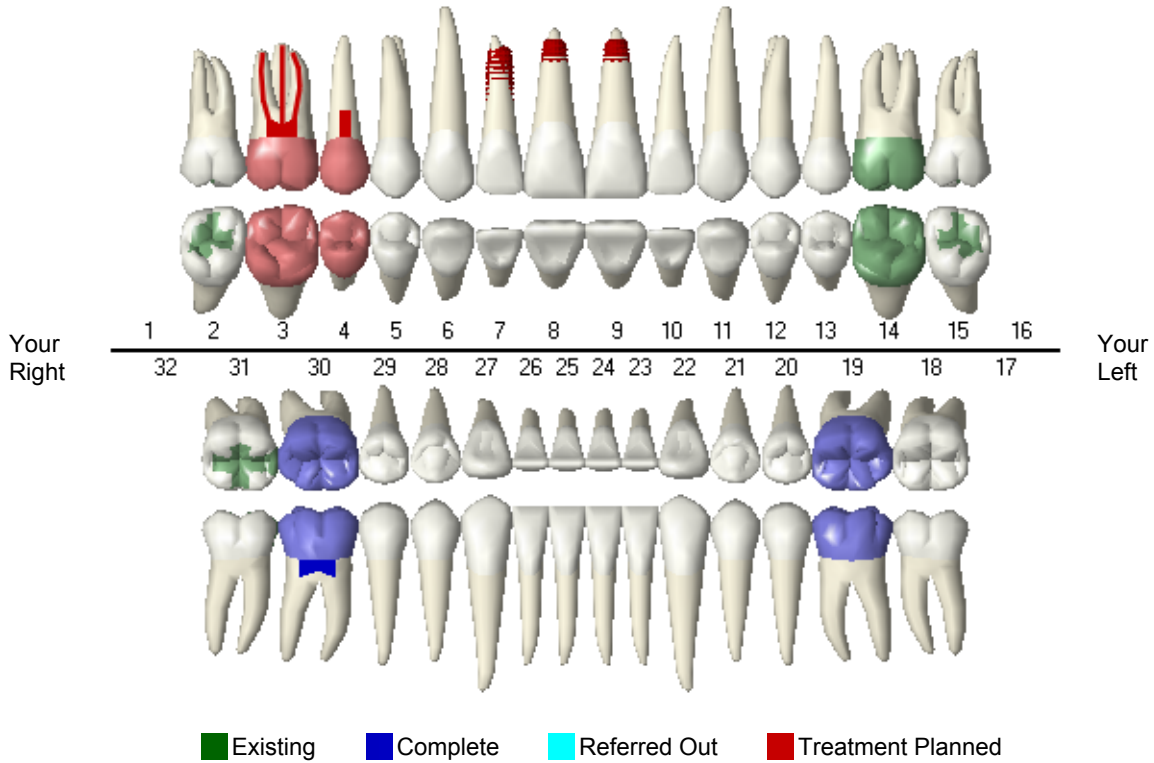


Proposed Treatment Plan
STERLING DENTAL CENTER
 (703)433-0234
 Jeff Palmer, DOB 04/10/1970
 08/15/2017



Done	Priority	Tth	Surf	Code	Description	Fee	Pri Ins	Sec Ins	Discount	Pat
		3		D2740	Crown-porcelain/ceramic substr Pri Deduct Applied: \$50.00	1248.00	488.00	0.00	222.00	538.00
		3		D2950	Core buildup, includ any pins	373.00	182.40	0.00	145.00	45.60
		3		D3348	Retreat, prev RCT - molar	1333.00	1066.40	0.00	0.00	266.60
		4		D2740	Crown-porcelain/ceramic substr Over annual max	1248.00	263.20	0.00	222.00	762.80
		4		D2950	Core buildup, includ any pins Over annual max	373.00	0.00	0.00	145.00	228.00
		7		D6010	Surg Place Implant: Endosteal Over annual max	2263.00	0.00	0.00	116.00	2147.00
		8		D6010	Surg Place Implant: Endosteal Over annual max	2263.00	0.00	0.00	116.00	2147.00
		9		D6010	Surg Place Implant: Endosteal Over annual max	2263.00	0.00	0.00	116.00	2147.00
					Subtotal	11364.00	2000.00	0.00	1082.00	8282.00
					Total	11364.00	2000.00	0.00	1082.00	8282.00

Family Dental Insurance Benefits

	Primary	Secondary
Family Maximum		
Family Deductible		

Individual Dental Insurance Benefits

	Primary	Secondary
Annual Maximum	2000.00	
Deductible	50.00	
Deductible Remaining	50.00	
Insurance Used	0.00	
Pending	0.00	

	Primary	Secondary
Remaining	2000.00	

I have read and signed the Consent for General Dental Procedures and I am agreeing to treatment on my own free will and volition.

If I have insurance I understand that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, if your coverage table is lower than average or terminated. I understand that this estimate and is not a guarantee, and I am fully responsible to pay any fees that are not covered.

I understand that once payment is processed and treatment fees are paid no refunds will be given or received.

Patient/Guardian Signature: