Bluebonnet Family Dental

General & Cosmetic Dentistry — Dr. Alex Reyes, DDS
1725 Bellaire Blvd, Suite 120, Pearland, TX 77080 · (832) 555-0159

Annual Itemized Statement

Account # D-30582
Statement # AS-DEN-2025-002218
Issued 01/06/2026

STATEMENT PERIOD: JANUARY 1, 2025 – DECEMBER 31, 2025

PATIENT

Jordan A. Sample
22 Elmwood Lane, Katy, TX 77034
Date of birth: 03/14/1988

RESPONSIBLE PARTY / COVERAGE

Jordan A. Sample (Self)
Dental plan: DeltaCare self-pay portion
Member ID: DN-4471902

DATE OF SERVICE	CDT	DESCRIPTION OF SERVICE	PROVIDER	CHARGE	INSURANCE PAID	PATIENT PAID
01/22/2025	D0120	Periodic oral evaluation — established patient	Dr. A. Reyes	$58.00	$46.40	$11.60
01/22/2025	D1110	Prophylaxis (cleaning) — adult	M. Cho, RDH	$112.00	$89.60	$22.40
01/22/2025	D0274	Bitewings — four radiographic images	Dr. A. Reyes	$72.00	$57.60	$14.40
03/05/2025	D2392	Resin-based composite — two surfaces, posterior	Dr. A. Reyes	$235.00	$141.00	$94.00
03/05/2025	D9222	Deep sedation / local anesthesia (first 15 min)	Dr. A. Reyes	$65.00	$0.00	$65.00
05/19/2025	D2740	Crown — porcelain/ceramic	Dr. A. Reyes	$1,180.00	$590.00	$590.00
05/19/2025	D2950	Core buildup, including any pins	Dr. A. Reyes	$240.00	$120.00	$120.00
07/28/2025	D0120	Periodic oral evaluation — established patient	Dr. A. Reyes	$58.00	$46.40	$11.60
07/28/2025	D1110	Prophylaxis (cleaning) — adult	M. Cho, RDH	$112.00	$89.60	$22.40
07/28/2025	D0274	Bitewings — four radiographic images	Dr. A. Reyes	$72.00	$57.60	$14.40
09/10/2025	D4341	Periodontal scaling & root planing — per quadrant (UR)	Dr. A. Reyes	$275.00	$192.50	$82.50
09/10/2025	D4341	Periodontal scaling & root planing — per quadrant (UL)	Dr. A. Reyes	$275.00	$192.50	$82.50
11/17/2025	D0120	Periodic oral evaluation — established patient	Dr. A. Reyes	$58.00	$46.40	$11.60
11/17/2025	D1110	Prophylaxis (cleaning) — adult	M. Cho, RDH	$112.00	$89.60	$22.40
11/17/2025	D1206	Topical application of fluoride varnish	M. Cho, RDH	$45.00	$36.00	$9.00

Total charges (12 months)	$2,969.00

Total insurance / plan paid	-$1,795.20
Total patient responsibility	$1,173.80
Total patient payments received	**-$1,173.80**
Account balance	**$0.00**

This annual statement itemizes every dental service rendered on this account from January 1 to December 31, 2025 — 15 line items including recall exams, cleanings, radiographs, restorative and periodontal treatment — each with its date of service, ADA/CDT procedure code, description, treating provider, fee, plan payment, and patient portion. Patient payments totaling $1,173.80 were received and the account balance is $0.00. Retain for HSA/FSA reimbursement.