Willow Bend Dental

Itemized Statement

2200 Parker Road, Suite 105 · Sugar Land, TX 77093
(281) 555-0171 · Tax ID 47-0000004 · NPI 1000000041
Provider: Emily S. Hart, DDS

Statement date: **09/05/2026**
Account #: **D-20115**
Statement #: **ST-2026-11190**

PATIENT

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

RESPONSIBLE PARTY

Jordan A. Sample
Relationship: Self
Plan: DeltaCare PPO (sample)
Member ID: SAMPLE-20115

DATE OF SERVICE	ADA CODE	DESCRIPTION OF SERVICE	CHARGE
09/04/2026	D0120	Periodic oral evaluation — established patient	$65.00
09/04/2026	D0274	Bitewings — four radiographic images	$72.00
09/04/2026	D1110	Prophylaxis — adult (routine cleaning)	$110.00

Total charges	$247.00
Dental plan paid	-$172.00
Contractual adjustment	-$25.00
Patient responsibility	**$50.00**
Patient payment received	**-$50.00**
Account balance	**$0.00**

PAYMENT RECEIVED

Date: 09/04/2026 Method: Visa ending 0213 Amount: $50.00 Status: Paid in full

Itemized statement of dental services actually rendered — date of service, ADA/CDT codes and descriptions, provider, patient, and amount paid out of pocket. Retain for HSA/FSA reimbursement.