

Treatment plan for [REDACTED]

Treatment plan created on Dec 18, 2024

Description	Site	Provider	Insurance Est.	Patient	Total
Visit 1: Ext/BG/GTR #24 (1hr)					
D7140 - Extraction, Erupted or Exposed	24	[REDACTED]	\$0.00	\$887.00	\$887.00
D7953 - Bone Replacement Graft	24	[REDACTED]	\$0.00	\$884.00	\$884.00
D4266 - Guided Tissue Regeneration, Resorbable Barrier	24	[REDACTED]	\$0.00	\$1,117.00	\$1,117.00
Visit Subtotal			\$0.00	\$2,888.00	\$2,888.00

Description	Site	Provider	Insurance Est.	Patient	Total
Visit 2: CBCT/Xclip - 3 months after Visit 1 (30mins)					
D0364 - cone beam CT capture, limited field of view – less than one whole jaw		[REDACTED]	\$0.00	\$498.00	\$498.00
D6190 - X-Clip (1 tooth)	24	[REDACTED]	\$0.00	\$424.00	\$424.00
Visit Subtotal			\$0.00	\$922.00	\$922.00

Description	Site	Provider	Insurance Est.	Patient	Total
Visit 3: Implant #24 - 1 Week after visit 2 (1hr)					
D6010 - Surgical Placement of Implant Body	24	[REDACTED]	\$0.00	\$3,764.00	\$3,764.00
Visit Subtotal			\$0.00	\$3,764.00	\$3,764.00

Total Balance Due	Insurance Est.	Patient Portion
\$7,574.00	\$0.00	\$7,574.00

Please note that our office is out of network with all insurance; however, we will submit the claim on your behalf for your reimbursement.

Important: There will be a separate fee from your general dentist for the final restoration(s). Please be sure to contact their office for the restorative plan. Patient Initial: [REDACTED]

