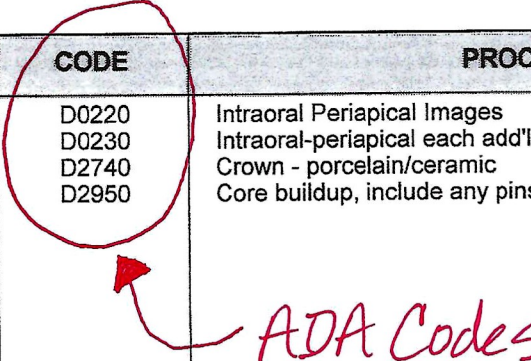


## ATTENDING DOCTOR'S STATEMENT

DATE: 02/23/2023

PATIENT INFORMATION	PROVIDER INFORMATION
<b>PATIENT NAME:</b>  <b>BIRTHDAY:</b> <b>SOC. SEC. NUMBER:</b> <b>CHART NUMBER:</b> 004541 <b>RELATION TO SUBSCRIBER:</b> Self	<b>NAME OF DENTIST:</b> Joachim Ajala, DMD Plano Smile Design 7965 Custer Road, Suite 100 Plano, TX 75025-3155  (972)517-6453  <b>NPI:</b> 1619094166 <b>TIN:</b> 26-3164618 <b>LICENSE NUMBER:</b> 26079
INSURANCE INFORMATION	Remarks for unusual services:
<b>CARRIER:</b> <b>GROUP NUMBER:</b> <b>EMPLOYER:</b>  <b>SUBSCRIBER:</b>  Subscriber ID:                      Subscriber Birthday:	

DATE	TOOTH	SURF.	CODE	PROCEDURE	CHARGE
02/23/2023	5		D0220	Intraoral Periapical Images	29.00
02/23/2023	5		D0230	Intraoral-periapical each add'l	25.00
02/23/2023	5		D2740	Crown - porcelain/ceramic	1157.00
02/23/2023	5		D2950	Core buildup, include any pins	262.00
<b>TOTAL:</b>					<b>1473.00</b>



Thank You

Joachim Ajala, DMD  
SIGNED (TREATING DENTIST)

02/23/2023  
DATE