Statement of Services

Please return this form to the receptionist

JEROLD A. FELDMAN, D.D.S. LIC. #033674
424 MADISON AVENUE • NEW YORK, NY 10017-1147
212-758-4848 • TAX ID #13 2736320

PATIENT INFORMATION

PATIENT Claude Simon ☐ M ☐ F DATE 12/4/14

ADDRESS

CITY STATE ZIP

PHONE DATE OF BIRTH

EMPLOYED BY

INSURANCE CARRIER POLICY NO. GROUP NO.

POLICY HOLDER RELATION TO INSURED MEDICARE/MEDICAID NO.

OCCURRENCE RELATED TO ☐ Accident ☐ Indust. ☐ Preg. ☐ Other DATE OF OCCURRENCE

DATES FROM: TO: OK TO RETURN TO WORK

NEXT APPT. ON: DAY DATE TIME ☐ AM ☐ PM

☐ Office Visit ☐ Exam ☐ Post Op Treat ☐ Other

I Hereby Authorize Payment Directly To The Below Named Doctor of the Group Insurance Benefits Otherwise Payable To Me.

SIGNATURE INSURED PERSON

ATTENDING DENTIST'S STATEMENT

ADA Dental Procedures and Nomenclature

		Fee
DIAGNOSTIC		
D0150	Initial Oral Exam	$ 50
D0120	Periodic Oral Exam	
D0210	Complete Series Intraoral Radiographs	30
D0220	Intraoral Radiograph	4 / 25
D0274	Bitewing Radiograph	
D0330	X-Rays Panoramic	
D0470	Diagnostic Models	
D0431	Adjunctive Oral Cancer Screening	
D9230	Nitrous Oxide Analgesia	
PREVENTIVE		
D1110	Adult Prophylaxis	$ 145
D1120	Child Prophylaxis	
D1201	Fluoride Treatment	
D1351	Pit & Fissure Sealants	
RESTORATIVE		
	Silver Amalgam Restorations Tooth # Surf.	
D21		$
D21		
	Composite Resin Restoration	
D23		
D23		
D2750	Porcelain-Fused-To-Metal-Crown	
D2740	Veneer Crown	
D2720	Porcelain Jacket Crown	$
D2542	Gold Onlay	
D2610	Porcelain Inlay	
D2780	3/4 Gold Crown	
D2790	Full Cast Gold Crown	
D2950	Composite Core Build Up	
ENDODONTICS		
D33	Root Canal Therapy	$
PROSTHETICS		
	Denture Adjustment	$
	Denture Repair	
	Denture Reline	
PERIODONTICS		
D4355	Full Mouth Scaling, Root & Planing	$
SURGERY		
	Routine Extraction	
D7140		$
OTHER		
D9430	Office Visit	$
	Recement	
D9940	Acrylic Mouth Guard	
D9310	Consultation	

350

☐ This is a Pre-Treatment Estimate
☑ Services have been performed in Office

Doctor's Signature J. Feldman

ACCOUNT INFORMATION

See reverse side if you wish to file an insurance claim for these services.

PREV. BALANCE	TODAY'S CHARGES	PAYMENTS	☑ Cash ☐ Check	NEW BALANCE
	350	350	☑	