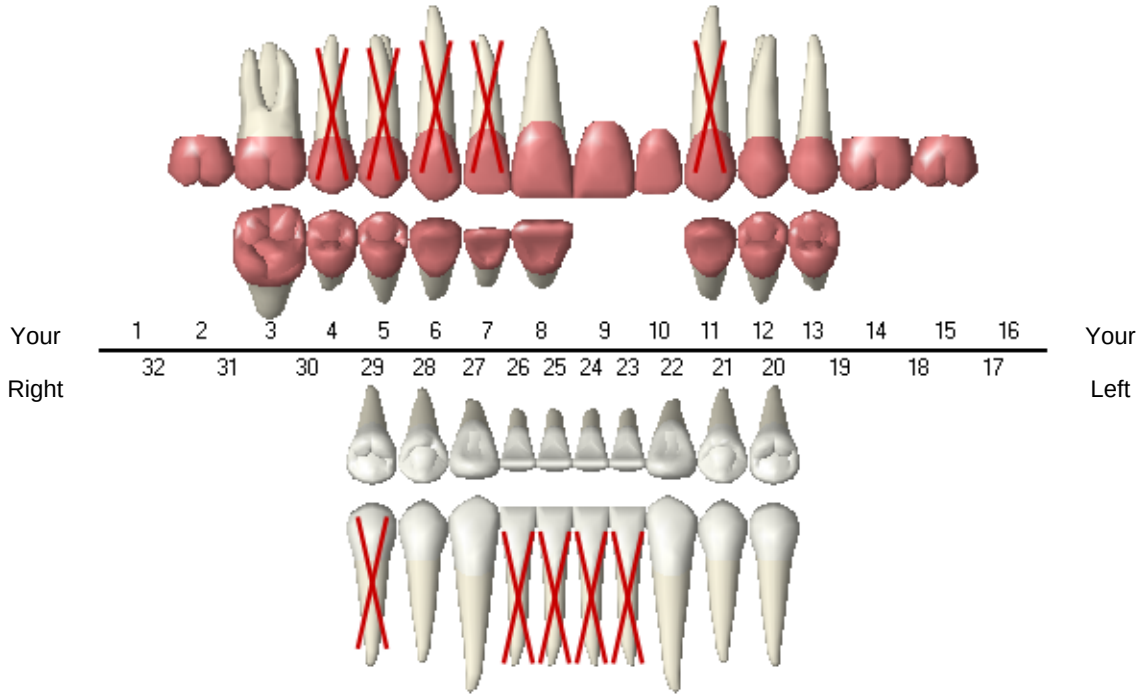
Active Treatment Plan

Las Colinas Dental Group
(972)255-9000
Russell B Snyder, DOB 06/08/1958
08/11/2026



Existing Complete Referred Out Treatment Planned

Done	Priority	Tooth	Surface	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Discount	Pat
	1		U	D5130		immediate denture - maxillary	1982.00	0.00	991.00	0.00	0.00	991.00
	1			D5224		immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	2266.95	0.00	1133.48	0.00	0.00	1133.47
	1		U	D5730		reline complete maxillary denture (direct)	429.00	X	0.00	0.00	0.00	429.00
	1		U	D5730		reline complete maxillary denture (direct)	429.00	X	0.00	0.00	0.00	429.00
						Subtotal	**5106.95**	**0.00**	**2124.48**	**0.00**	**0.00**	**2982.47**
	2	4		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	5		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	6		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	7		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	11		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	29		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	26		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00

Done	Priority	Tooth	Surface	Code	Sub	Description	Fee	Allowed	Pri Ins	Sec Ins	Discount	Pat
	2	25		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	24		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
	2	23		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	186.00	0.00	93.00	0.00	0.00	93.00
						Subtotal	**1860.00**	**0.00**	**930.00**	**0.00**	**0.00**	**930.00**
	3		U	D5750		reline complete maxillary denture (indirect) Over annual max	548.00	0.00	184.42	0.00	0.00	363.58
	3		L	D5761		reline mandibular partial denture (indirect) Over annual max	540.00	0.00	0.00	0.00	0.00	540.00
						Subtotal	**1088.00**	**0.00**	**184.42**	**0.00**	**0.00**	**903.58**
						Total	**8054.95**	**0.00**	**3238.90**	**0.00**	**0.00**	**4816.05**

Family Insurance Benefits

BenefitName	Primary	Secondary
Family Maximum		
Family Deductible	0.00	

Individual Insurance Benefits

BenefitName	Primary	Secondary
Annual Maximum	4000.00	
Deductible	0.00	
Deductible Remaining	0.00	
Insurance Used	625.10	
Pending	136.00	
Remaining	3238.90	

If you have dental insurance, please be aware that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average. We submit claims on behalf of our patients as a courtesy. Please note that the patient is responsible for any fee's not covered by insurance.

Signature: _____