FAX

Date:	12/17/2025
Pages including cover sheet:	3

To:	19725329272@rcfax.com
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Fax Phone	*+19725329272*

From:	Fax Line
	Pediatric Dental Partners
	LA
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NOTE:

Trey Evans-Nickelson
Front Desk Office Manager
Hospital Coordinator
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318.865.2250 Shreveport Office
318.747.7020 Bossier Office

PdP
Pediatric dental
PARTNERS

Asher Apperley

Provider

Pediatric Dental Partners, LLP

.: TREATMENT CASE

Treatment Plan (1)

DATE	VISIT	TOOTH	SURF	CODE	PROV	DESCRIPTION	FEE	PATIENT	PRIMARY	SECONDARY
01/28/2025	1			D9420	DOC3	Hospital call	501.00	287.40	213.60	0.00
01/28/2025	1	A		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	194.50	144.50	0.00
01/28/2025	1	B		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	161.50	169.50	8.00
01/28/2025	1	I		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	0.00	169.50	169.50
01/28/2025	1	J		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	0.00	169.50	169.50
01/28/2025	1	K		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	0.00	169.50	169.50
01/28/2025	1	L		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	0.00	169.50	169.50
01/28/2025	1	M	F	D2330	DOC3	Tooth-colored filling of a cavity of one surface of a front tooth, typically caused by tooth decay	196.00	157.00	39.00	0.00
01/28/2025	1	S		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	0.00	169.50	169.50
01/28/2025	1	T		D2930	DOC3	Prefabricated stainless steel crown for a baby tooth when something stronger than a filling is needed	339.00	65.00	129.50	144.50
12/10/2025	1	D		D7140	S100	Non-surgical removal of a tooth	207.00	207.00	0.00	0.00
12/10/2025	1	E		D7140	S100	Non-surgical removal of a tooth	207.00	207.00	0.00	0.00
12/10/2025	1	F		D7140	S100	Non-surgical removal of a tooth	207.00	207.00	0.00	0.00
12/10/2025	1	G		D7140	S100	Non-surgical removal of a tooth	207.00	52.02	154.98	0.00
						Visit 1 Totals	4237.00	1538.42	1698.58	1000.00

318 Carroll Street
Shreveport, LA 71105 PHONE: (318)865-8556

REPORT DATE 12/10/2025

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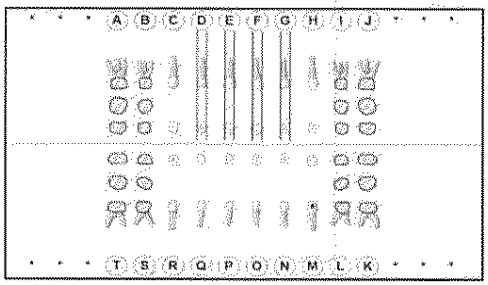
:: INSURANCE PROVIDER(S) ::

Primary	Secondary
Blue Cross of Texas	Kansas City Life

:: TOTALS ::

Fee	Patient	Primary	Secondary
4237.00	1538.42	1698.58	1000.00



:: FINANCIAL SUMMARY ::

Treatment Plan Total	4237.00
Finance Status	
Patient Balance	141.00
Family Balance	160.93
Fee Expiration Date	02/21/2025

Alternate Cases:

Case notes:

The treatment on this form has been discussed with me and my questions have been answered. I understand the treatment options and authorize Pediatric Dental Partners to perform the recommended treatment. I have been made aware of my ESTIMATED PORTION due at time of service. Some Blue Cross and Delta Dental companies pay directly to the subscriber. In these cases, we must request payment in full from you for services. I completely understand that I am ultimately responsible for the total treatment fee or whatever portion the Insurance Company does not cover. These fees are good for six months from today's date.

Responsible party signature: Asher Apperley 12/10/25