

STATEMENT OF SERVICES RENDERED

Michael J. Appleton, D.D.S.
 480 Oak Harbor Boulevard
 Slidell, LA 70458

 (985)649-9455

CHART NO.	PAGE NO.
DA0195	1

BILLING DATE
12/13/2023

GUARANTOR NAME AND MAILING ADDRESS

Charles Dammon
 124 Eden Isles Blvd
 Slidell, LA 70458

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Charles	19		Periodic oral evaluation	44.00	
Charles			Prophylaxis-adult	83.00	
Charles			Intraoral Periapical Images	25.00	
Charles			VISA/MC Payment -Thank You		-152.00

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
0.00	- 152.00	+ 152.00	= 0.00	- 0.00	= 0.00

PATIENT	DATE	TIME	REASON
Charles	Tuesday - April 16, 2024	1:30 pm	PeriodicX, ProphyAd

Michael J. Appleton, D.D.S.

480 Oak Harbor Boulevard
Slidell, LA 70458

Wednesday, December 13, 2023 14:28:25

Patient Name Charles Dammon
Type SALE
Account VISA
Card Number *****2514
Order ID 86162-81413-122023
Reference Number 1786175434

AMOUNT \$152.00

App Preferred Name CHASE VISA
EMV AID A0000000031010
TC 286CF5C15D77DB27
Entry Contactlcc
Response Code 00/Approved
Approval Number 04766C

APPROVED - THANK YOU

Signature

IMPORTANT - retain this copy for your records

*** Cardholder Copy ***