

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *
00101	With Dr. Dexter	2 \$0.00
00103	With Dr. Morales	2 \$0.00
00104	With Dr. Sims	4 \$0.00
00113	Missed Appointment	158 \$0.00
00115	IV Sedation Appointment/GPR Accounting	15 \$0.00
00116	OR Case Appointment/GPR Accounting	9 \$0.00
00120	Periodic Oral Evaluation- established	91 \$4,064.00
00140	Limited Oral Evaluation - Prob Focused	93 \$6,346.00
00150	Comp Oral Eval-New Or Estab Patient	68 \$4,810.00
00210	Intraoral complete series of radiographi	6 \$685.00
00220	Intraoral-periapical first image	192 \$4,836.00
00230	Intraoral-periapical each additional	36 \$750.00
00270	Bitewing-single radiographic image	92 \$2,300.00
00272	Bitewings-two radiographic images	12 \$495.00
00274	Bitewings-Four radiographic images	45 \$2,631.00
00330	Panoramic radiographic image	118 \$11,495.00
00380	CONE BEAM CT IMAGE CAPTURE-PARTIAL JAW	3 \$600.00
01351	Sealant Per Tooth-Preventative	4 \$192.00
01354	INTERIM CARIES ARRESTING MEDIC PER TOOTH	1 \$10.00
01510	Space Maint/fixed Unilat	1 \$248.00
02140	Amalgam - 1 Surface	5 \$550.00
02150	Amalgam - 2 Surfaces	12 \$1,760.00
02160	Amalgam - 3 Surfaces	5 \$825.00
02330	Composite 1 Surface Anterior	6 \$786.00
02331	Composite 2 Surface Anterior	4 \$660.00
02332	Composite 3 Surface Anterior	4 \$829.00
02335	Composite 4 Surface Anterior	12 \$2,964.00
02391	Resin Composite-1 Surface, Posterior	32 \$4,355.00
02392	Resin Composite-2 Surfaces, Posterior	56 \$10,600.00
02393	Resin Composite-3 Surfaces, Posterior	16 \$3,725.00
02394	Resin Composite-4+ Surfaces, Posterior	1 \$320.00
02644	Onlay- Porc/Ceramic Four Surfaces + lab	2 \$2,000.00
02740	Crown-Porcelain/Ceramic Substrate	43 \$35,320.00
02751	Porcelain/Base Metal Crown	2 \$1,640.00
02790	Full Cast Crown/High Noble-addl lab fee	1 \$900.00
02920	Recement Crown	1 \$80.00
02930	Stainless Steel Crown/PRIMARY	1 \$217.00
02950	Core Buildup, Including Any Pins	25 \$5,570.00
02954	Prefabricated Post And Core	4 \$1,040.00
03220	Pulpotomy	1 \$140.00
03310	Root Canal/Anterior	2 \$1,180.00
03320	Root Canal/ Bicuspid	11 \$8,035.00
03330	Root Canal Molar	15 \$12,742.50
03348	Retreat Molar Root Canal	1 \$830.00
04211	Gingivectomy Or Gingivoplasty-1-3 Teeth	1 \$175.00
04249	Crown Lengthening	4 \$1,780.00
04263	Bone Replace Graft First Site	4 \$1,840.00
04266	Guided Tissue Regeneration-resorbable	1 \$490.00
04999	Unspecified Periodontal	1 \$0.00
05110	Complete Upper Denture	7 \$7,350.00
05120	Complete Lower Denture	6 \$6,300.00
05410	Adj Complete Upper Denture	2 \$92.00

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>		<u>Number</u>	<u>Amount</u> *
05411	Adj Complete Lower Denture	1	\$42.00
05511	REPAIR BROKEN DENTURE BASE, MANDIBULAR	1	\$112.00
05512	REPAIR BROKEN DENTURE BASE, MAXILLARY	1	\$150.00
05820	Interim Partial Denture-Maxillary	3	\$915.00
05862	Denture Implant Precision Attachment	2	\$380.00
06010	Endosteal Implant - Surgical Placement	2	\$3,116.00
06057	Custom Abutment	1	\$507.00
06058	Abutment Supp porcelain/Ceramic Crown	1	\$900.00
06245	Pontic--Porcelain/Ceramic	2	\$2,000.00
06740	Crown--Porcelain/Ceramic Retainer	4	\$4,000.00
07140	Ext. Erupted Tooth Or Exposed Root	298	\$34,020.00
07210	Surgical Removal Of Tooth	51	\$11,130.00
07220	Surg Extraction/Soft Tissue Impaction	3	\$875.00
07230	Surg Extraction/Partially Bony	13	\$3,955.00
07240	Surg Extraction/Completely Bony	8	\$3,350.00
07270	Tooth Reimplantation/Stabilization	1	\$460.00
07286	Biopsy Of Oral Tissue - Soft	1	\$255.00
07310	Alveoplasty W/Ext 1 Quad	1	\$175.00
07411	Excision Of Benign Lesion Over 1.25 Cm	1	\$400.00
07960	Frenulectomy	1	\$305.00
08692	Replacement of lost or Broken Retainer	1	\$150.00
09230	Nitrous Oxide Analgesia	18	\$956.00
09239	IV Moderat(Conscious)Sed FIRST 15MIN	9	\$1,575.00
09243	IV Moderate(Conscious)Sed ADDL 15MIN	11	\$1,925.00
09450	Office Visit No Charge	211	\$0.00
09940	Bite Guard	1	\$375.00

>>>>> Totals:	<u>1887</u>	<u>\$226,585.50</u>
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* Amount does not reflect taxes and/or discounts that may have been applied.

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *
00103	With Dr. Morales	1 \$0.00
00105	With Dr. Vopat	3 \$0.00
00107	Impression	1 \$0.00
00113	Missed Appointment	115 \$0.00
00115	IV Sedation Appointment/GPR Accounting	10 \$0.00
00116	OR Case Appointment/GPR Accounting	8 \$0.00
00118	HcG	2 \$0.00
00120	Periodic Oral Evaluation- established	157 \$7,068.00
00140	Limited Oral Evaluation - Prob Focused	165 \$11,395.00
00150	Comp Oral Eval-New Or Estab Patient	98 \$6,910.00
00220	Intraoral-periapical first image	255 \$6,496.00
00230	Intraoral-periapical each additional	38 \$815.00
00270	Bitewing-single radiographic image	136 \$3,400.00
00272	Bitewings-two radiographic images	32 \$1,285.00
00274	Bitewings-Four radiographic images	74 \$4,327.00
00330	Panoramic radiographic image	134 \$13,030.00
00380	CONE BEAM CT IMAGE CAPTURE-PARTIAL JAW	6 \$1,200.00
01110	Prophylaxis - Adult	1 \$90.00
01120	Prophylaxis - Child	2 \$116.00
01206	Topical application of Fluoride Varnish	1 \$35.00
01351	Sealant Per Tooth-Preventative	2 \$96.00
02140	Amalgam - 1 Surface	6 \$660.00
02150	Amalgam - 2 Surfaces	3 \$426.00
02160	Amalgam - 3 Surfaces	1 \$165.00
02161	Amalgam - 4+ Surfaces	2 \$410.00
02330	Composite 1 Surface Anterior	13 \$1,760.00
02331	Composite 2 Surface Anterior	20 \$3,350.00
02332	Composite 3 Surface Anterior	8 \$1,584.00
02335	Composite 4 Surface Anterior	12 \$2,964.00
02391	Resin Composite-1 Surface, Posterior	54 \$7,465.00
02392	Resin Composite-2 Surfaces, Posterior	117 \$21,845.00
02393	Resin Composite-3 Surfaces, Posterior	28 \$6,440.00
02394	Resin Composite-4+ Surfaces, Posterior	3 \$840.00
02740	Crown-Porcelain/Ceramic Substrate	44 \$37,920.00
02751	Porcelain/Base Metal Crown	3 \$1,620.00
02790	Full Cast Crown/High Noble-addl lab fee	1 \$900.00
02920	Recement Crown	1 \$80.00
02930	Stainless Steel Crown/PRIMARY	1 \$250.00
02940	Sedative Filling	13 \$1,060.00
02950	Core Buildup, Including Any Pins	10 \$2,139.81
02952	Cast Post And Core	1 \$375.00
02954	Prefabricated Post And Core	3 \$629.37
03220	Pulpotomy	1 \$175.00
03221	Pulpal debridement, primary and permanen	2 \$245.00
03310	Root Canal/Anterior	8 \$4,940.00
03320	Root Canal/ Bicuspid	8 \$5,400.00
03330	Root Canal Molar	14 \$11,965.00
04263	Bone Replace Graft First Site	1 \$460.00
04266	Guided Tissue Regeneration-resorbable	1 \$490.00
05110	Complete Upper Denture	6 \$5,770.00
05120	Complete Lower Denture	4 \$3,670.00
05211	Max Partial Resin Base Including clasps	3 \$1,740.00

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For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *	
05212	Mand Partial Resin Base Including clasps	1	\$580.00
05213	Maxillary Partial Denture Cast Metal	2	\$2,130.00
05214	Mand Partia Denture Cast Metal	4	\$4,260.00
05650	Add Tooth To Part Denture	1	\$120.00
05730	Reline Upper Denture/Chairside	1	\$285.00
05750	Lab Reline Upper Denture	1	\$325.00
05810	Interim Complete Denture Max	1	\$305.00
05820	Interim Partial Denture-Maxillary	2	\$725.00
05821	Interim Partial Denture Mandibular	1	\$305.00
05862	Denture Implant Precision Attachment	6	\$1,140.00
06010	Endosteal Implant - Surgical Placement	4	\$6,232.00
06060	Abutment Supported PFM Base Metal	1	\$885.00
06065	Implant Supported Porcelain/Ceramic Crow	1	\$840.00
06240	Porcelain/High Noble Pontic + Lab Fee	2	\$2,100.00
06241	Porcelain/Base Metal Pontic	2	\$1,590.00
06245	Pontic--Porcelain/Ceramic	6	\$6,000.00
06609	Onlay - Porcelain/Ceramic, 3+ Surfaces	1	\$800.00
06740	Crown--Porcelain/Ceramic Retainer	13	\$13,000.00
06751	Ceramic/metal Bridge Ret (PFM)	3	\$2,385.00
06950	Precision Attach-Quote	1	\$200.00
07140	Ext. Erupted Tooth Or Exposed Root	443	\$50,190.00
07210	Surgical Removal Of Tooth	64	\$13,760.00
07220	Surg Extraction/Soft Tissue Impaction	5	\$1,375.00
07230	Surg Extraction/Partially Bony	4	\$1,210.00
07240	Surg Extraction/Completely Bony	6	\$2,450.00
07310	Alveoplasty W/Ext 1 Quad	5	\$875.00
07320	Alveoplasty Not w/Extractions, quad	1	\$375.00
07321	Alveo no ext 1-3 teeth	2	\$200.00
07510	Incision And Drainage-Soft Tissue	1	\$166.00
09230	Nitrous Oxide Analgesia	7	\$376.00
09239	IV Moderat(Conscious)Sed FIRST 15MIN	2	\$350.00
09243	IV Moderate(Conscious)Sed ADDL 15MIN	7	\$1,225.00
09310	Consultation	5	\$440.00
09450	Office Visit No Charge	254	\$0.00

>>>>> Totals:	2493	\$301,200.18
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PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *	
00007	LASER--INTERNAL ACCOUNTING ONLY	1	\$0.00
00101	With Dr. Dexter	4	\$0.00
00103	With Dr. Morales	1	\$0.00
00104	With Dr. Sims	2	\$0.00
00105	With Dr. Vopat	15	\$0.00
00107	Impression	2	\$0.00
00113	Missed Appointment	112	\$0.00
00115	IV Sedation Appointment/GPR Accounting	17	\$0.00
00116	OR Case Appointment/GPR Accounting	18	\$0.00
00120	Periodic Oral Evaluation- established	162	\$7,243.00
00140	Limited Oral Evaluation - Prob Focused	201	\$13,752.00
00145	Oral Evaluation patient under 3 yrs age	2	\$116.00
00150	Comp Oral Eval-New Or Estab Patient	95	\$6,710.00
00210	Intraoral complete series of radiographi	2	\$220.00
00220	Intraoral-periapical first image	266	\$6,716.00
00230	Intraoral-periapical each additional	66	\$1,400.00
00270	Bitewing-single radiographic image	115	\$2,875.00
00272	Bitewings-two radiographic images	19	\$770.00
00273	BITEWINGS-THREE FILMS	1	\$0.00
00274	Bitewings-Four radiographic images	76	\$4,457.00
00330	Panoramic radiographic image	176	\$17,410.00
00380	CONE BEAM CT IMAGE CAPTURE-PARTIAL JAW	5	\$1,050.00
01120	Prophylaxis - Child	1	\$58.00
01206	Topical application of Fluoride Varnish	2	\$70.00
01351	Sealant Per Tooth-Preventative	25	\$1,206.00
01354	INTERIM CARIES ARRESTING MEDIC PER TOOTH	3	\$90.00
01516	SPACE MAINTAINER-FIXED-BILATERAL, MAX	1	\$250.00
01517	SPACE MAINTAINER-FIXED-BILATERAL, MAN	1	\$250.00
02140	Amalgam - 1 Surface	19	\$2,090.00
02150	Amalgam - 2 Surfaces	22	\$3,124.00
02160	Amalgam - 3 Surfaces	9	\$1,485.00
02330	Composite 1 Surface Anterior	5	\$655.00
02331	Composite 2 Surface Anterior	13	\$2,145.00
02332	Composite 3 Surface Anterior	10	\$2,017.00
02335	Composite 4 Surface Anterior	12	\$2,802.00
02391	Resin Composite-1 Surface, Posterior	27	\$3,785.00
02392	Resin Composite-2 Surfaces, Posterior	57	\$10,625.00
02393	Resin Composite-3 Surfaces, Posterior	7	\$1,610.00
02394	Resin Composite-4+ Surfaces, Posterior	1	\$280.00
02740	Crown-Porcelain/Ceramic Substrate	27	\$23,580.00
02751	Porcelain/Base Metal Crown	10	\$8,360.00
02792	Full Cast Crown/Noble+Lab Fee	1	\$875.00
02930	Stainless Steel Crown/PRIMARY	17	\$3,722.00
02940	Sedative Filling	7	\$680.00
02950	Core Buildup, Including Any Pins	17	\$3,770.00
02952	Cast Post And Core	4	\$1,500.00
02954	Prefabricated Post And Core	1	\$260.00
02962	Porcelain Veneer	2	\$1,472.00
03220	Pulpotomy	8	\$1,155.00
03221	Pulpal debridement, primary and permanen	1	\$95.00
03310	Root Canal/Anterior	5	\$3,060.00
03320	Root Canal/ Bicuspid	6	\$4,170.00

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *	
03330	Root Canal Molar	8	\$6,890.00
04263	Bone Replace Graft First Site	3	\$1,420.00
04266	Guided Tissue Regeneration-resorbable	3	\$1,480.00
05110	Complete Upper Denture	8	\$7,850.00
05120	Complete Lower Denture	5	\$4,700.00
05213	Maxillary Partial Denture Cast Metal	1	\$1,065.00
05214	Mand Partia Denture Cast Metal	2	\$2,130.00
05520	Replace missing/broken denture tooth	1	\$100.00
05612	Repair resin partial denture base, maxi	1	\$100.00
05650	Add Tooth To Part Denture	4	\$560.00
05820	Interim Partial Denture-Maxillary	1	\$350.00
06000	IMPLANT--MIS GUIDE PER ARCH	1	\$300.00
06010	Endosteal Implant - Surgical Placement	6	\$9,348.00
06057	Custom Abutment	12	\$6,270.00
06058	Abutment Supp porcelain/Ceramic Crown	13	\$12,000.00
06245	Pontic--Porcelain/Ceramic	2	\$2,000.00
06253	Provisional Pontic	1	\$350.00
06740	Crown--Porcelain/Ceramic Retainer	4	\$4,000.00
06930	Recement Bridge	1	\$112.00
07111	Coronal Remnants - Deciduous Tooth	1	\$97.00
07140	Ext. Erupted Tooth Or Exposed Root	287	\$32,770.00
07210	Surgical Removal Of Tooth	36	\$7,700.00
07220	Surg Extraction/Soft Tissue Impaction	2	\$550.00
07230	Surg Extraction/Partially Bony	2	\$590.00
07240	Surg Extraction/Completely Bony	8	\$3,300.00
07250	Surgical removal of residual tooth roots	2	\$344.00
07260	Oroantral Fistula Closure	1	\$550.00
07286	Biopsy Of Oral Tissue - Soft	2	\$510.00
07310	Alveoplasty W/Ext 1 Quad	9	\$1,575.00
07320	Alveoplasty Not w/Extractions, quad	3	\$735.00
07510	Incision And Drainage-Soft Tissue	1	\$166.00
07953	Bone replacement graft for ridge per sit	1	\$450.00
07960	Frenulectomy	1	\$305.00
09230	Nitrous Oxide Analgesia	20	\$1,058.00
09239	IV Moderat(Conscious)Sed FIRST 15MIN	5	\$875.00
09243	IV Moderate(Conscious)Sed ADDL 15MIN	10	\$1,750.00
09248	Non-Intravenous Conscious Sedation	1	\$215.00
09450	Office Visit No Charge	287	\$0.00
09946	OCCLUSAL GUARD-HARD APPLIANCE-PART. ARCH	1	\$375.00
09995	TELEDENTISTRY-SYNC - REAL-TIME ENCOUNTER	7	\$210.00

>>>>> Totals:	2443	\$263,110.00
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* Amount does not reflect taxes and/or discounts that may have been applied.

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *
00101	With Dr. Dexter	3 \$0.00
00103	With Dr. Morales	3 \$0.00
00105	With Dr. Vopat	6 \$0.00
00106	With Dr. Edwards	1 \$0.00
00113	Missed Appointment	115 \$0.00
00115	IV Sedation Appointment/GPR Accounting	10 \$0.00
00116	OR Case Appointment/GPR Accounting	6 \$0.00
00120	Periodic Oral Evaluation- established	89 \$3,991.00
00140	Limited Oral Evaluation - Prob Focused	109 \$7,458.00
00150	Comp Oral Eval-New Or Estab Patient	63 \$4,450.00
00171	Re-Evaluation--Post OP office visit	1 \$30.00
00210	Intraoral complete series of radiographi	2 \$245.00
00220	Intraoral-periapical first image	132 \$3,344.00
00230	Intraoral-periapical each additional	30 \$605.00
00270	Bitewing-single radiographic image	68 \$1,700.00
00272	Bitewings-two radiographic images	35 \$1,415.00
00274	Bitewings-Four radiographic images	21 \$1,218.00
00330	Panoramic radiographic image	111 \$10,705.00
00366	CONE BEAM CT CAPTURE AND INT-MAXILLA	1 \$0.00
00367	CONE BEAM CT CAPTURE AND INT-BOTH JAWS	1 \$0.00
00380	CONE BEAM CT IMAGE CAPTURE-PARTIAL JAW	2 \$400.00
01110	Prophylaxis - Adult	2 \$170.00
01120	Prophylaxis - Child	1 \$58.00
01351	Sealant Per Tooth-Preventative	7 \$336.00
01352	Preventive Resin Restoration High Risk	4 \$240.00
01354	INTERIM CARIES ARRESTING MEDIC PER TOOTH	1 \$10.00
02140	Amalgam - 1 Surface	11 \$1,210.00
02150	Amalgam - 2 Surfaces	10 \$1,448.00
02160	Amalgam - 3 Surfaces	4 \$660.00
02161	Amalgam - 4+ Surfaces	1 \$205.00
02330	Composite 1 Surface Anterior	17 \$2,246.00
02331	Composite 2 Surface Anterior	18 \$3,095.00
02332	Composite 3 Surface Anterior	9 \$1,732.00
02335	Composite 4 Surface Anterior	12 \$3,000.00
02391	Resin Composite-1 Surface, Posterior	37 \$5,135.00
02392	Resin Composite-2 Surfaces, Posterior	57 \$10,625.00
02393	Resin Composite-3 Surfaces, Posterior	17 \$4,000.00
02394	Resin Composite-4+ Surfaces, Posterior	2 \$560.00
02740	Crown-Porcelain/Ceramic Substrate	17 \$13,550.00
02750	Porcelain Fused To High Noble+Lab Fee	1 \$895.00
02751	Porcelain/Base Metal Crown	11 \$8,600.00
02930	Stainless Steel Crown/PRIMARY	4 \$868.00
02931	Stainless Steel Crown/PERMANENT	1 \$217.00
02940	Sedative Filling	3 \$240.00
02950	Core Buildup, Including Any Pins	8 \$1,640.00
02952	Cast Post And Core	2 \$750.00
02954	Prefabricated Post And Core	1 \$260.00
02999	Unsp Restorative Procedure	1 \$100.00
03220	Pulpotomy	5 \$700.00
03221	Pulpal debridement, primary and permanen	2 \$300.00
03310	Root Canal/Anterior	6 \$3,760.00
03320	Root Canal/ Bicuspid	6 \$3,880.00

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>		<u>Number</u>	<u>Amount</u> *
03330	Root Canal Molar	12	\$9,485.00
04001	Post Op Suture Removal	1	\$0.00
04249	Crown Lengthening	5	\$2,225.00
04263	Bone Replace Graft First Site	1	\$460.00
04342	Perio S/RP - 1-3 Teeth per Quadrant	1	\$120.00
04355	Full Mouth Debridement	1	\$107.00
04381	Localized Antimicrobial Agent-ARESTIN	1	\$77.00
05110	Complete Upper Denture	3	\$3,150.00
05120	Complete Lower Denture	3	\$3,150.00
05213	Maxillary Partial Denture Cast Metal	1	\$1,065.00
05214	Mand Partia Denture Cast Metal	5	\$5,325.00
05750	Lab Reline Upper Denture	2	\$650.00
05810	Interim Complete Denture Max	1	\$305.00
05821	Interim Partial Denture Mandibular	1	\$305.00
05860	Overdenture/full	1	\$1,050.00
06000	IMPLANT--MIS GUIDE PER ARCH	2	\$600.00
06010	Endosteal Implant - Surgical Placement	8	\$7,790.00
06057	Custom Abutment	2	\$1,014.00
06065	Implant Supported Porcelain/Ceramic Crow	2	\$1,680.00
06100	Implant Removal	1	\$0.00
06245	Pontic--Porcelain/Ceramic	8	\$8,000.00
06740	Crown--Porcelain/Ceramic Retainer	13	\$13,000.00
07140	Ext. Erupted Tooth Or Exposed Root	242	\$27,675.00
07210	Surgical Removal Of Tooth	54	\$11,520.00
07220	Surg Extraction/Soft Tissue Impaction	2	\$550.00
07240	Surg Extraction/Completely Bony	2	\$800.00
07310	Alveoplasty W/Ext 1 Quad	3	\$525.00
07320	Alveoplasty Not w/Extractions, quad	1	\$245.00
07953	Bone replacement graft for ridge per sit	1	\$450.00
07960	Frenulectomy	1	\$140.00
09230	Nitrous Oxide Analgesia	32	\$1,670.00
09450	Office Visit No Charge	244	\$0.00
09944	OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	1	\$375.00
D7311	ALVEOLOPLASTY IN CON W/EXTRACT 1-3/QUAD	2	\$0.00

>>>>> Totals:	<u>1747</u>	<u>\$209,559.00</u>
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PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *	
00004	DENTAL DIGITAL DESIGN	1	\$200.00
00101	With Dr. Dexter	1	\$0.00
00103	With Dr. Morales	1	\$0.00
00104	With Dr. Sims	1	\$0.00
00105	With Dr. Vopat	2	\$0.00
00113	Missed Appointment	144	\$0.00
00115	IV Sedation Appointment/GPR Accounting	17	\$0.00
00116	OR Case Appointment/GPR Accounting	20	\$0.00
00120	Periodic Oral Evaluation- established	74	\$3,316.00
00140	Limited Oral Evaluation - Prob Focused	128	\$8,731.00
00150	Comp Oral Eval-New Or Estab Patient	79	\$5,570.00
00210	Intraoral complete series of radiographi	13	\$1,455.00
00220	Intraoral-periapical first image	240	\$6,004.00
00230	Intraoral-periapical each additional	66	\$1,345.00
00270	Bitewing-single radiographic image	97	\$2,425.00
00272	Bitewings-two radiographic images	26	\$1,060.00
00274	Bitewings-Four radiographic images	41	\$2,392.00
00330	Panoramic radiographic image	126	\$12,330.00
00380	CONE BEAM CT IMAGE CAPTURE-PARTIAL JAW	5	\$1,100.00
00383	CONE BEAM CT IMAGE CAPTURE-BOTH JAWS	1	\$0.00
01110	Prophylaxis - Adult	1	\$80.00
01351	Sealant Per Tooth-Preventative	3	\$144.00
01354	INTERIM CARIES ARRESTING MEDIC PER TOOTH	1	\$10.00
01516	SPACE MAINTAINER-FIXED-BILATERAL, MAX	2	\$500.00
02140	Amalgam - 1 Surface	3	\$350.00
02150	Amalgam - 2 Surfaces	5	\$738.00
02160	Amalgam - 3 Surfaces	5	\$895.00
02161	Amalgam - 4+ Surfaces	1	\$205.00
02330	Composite 1 Surface Anterior	8	\$1,067.00
02331	Composite 2 Surface Anterior	20	\$3,300.00
02332	Composite 3 Surface Anterior	3	\$594.00
02335	Composite 4 Surface Anterior	7	\$1,708.00
02391	Resin Composite-1 Surface, Posterior	26	\$3,615.00
02392	Resin Composite-2 Surfaces, Posterior	66	\$12,070.00
02393	Resin Composite-3 Surfaces, Posterior	16	\$3,600.00
02394	Resin Composite-4+ Surfaces, Posterior	2	\$560.00
02643	Onlay-Porcelain/ceramic three surfaces	1	\$950.00
02740	Crown-Porcelain/Ceramic Substrate	41	\$35,300.00
02750	Porcelain Fused To High Noble+Lab Fee	1	\$895.00
02751	Porcelain/Base Metal Crown	3	\$2,460.00
02790	Full Cast Crown/High Noble-addl lab fee	1	\$900.00
02920	Recement Crown	1	\$80.00
02950	Core Buildup, Including Any Pins	22	\$4,740.00
02952	Cast Post And Core	3	\$1,125.00
02954	Prefabricated Post And Core	6	\$1,560.00
02962	Porcelain Veneer	6	\$6,000.00
03220	Pulpotomy	6	\$875.00
03221	Pulpal debridement, primary and permanen	4	\$380.00
03310	Root Canal/Anterior	10	\$5,190.00
03320	Root Canal/ Bicuspid	9	\$5,965.00
03330	Root Canal Molar	9	\$7,520.00
03431	BIOLOGIC MATERIAL REGEN W PERI SURGERY	1	\$225.00

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>		<u>Number</u>	<u>Amount</u> *
04263	Bone Replace Graft First Site	4	\$1,880.00
04266	Guided Tissue Regeneration-resorbable	3	\$1,480.00
04273	Subepithelial Conn Tiss Graft Proc	2	\$1,320.00
04320	Fixed Splint	1	\$330.00
04342	Perio S/RP - 1-3 Teeth per Quadrant	1	\$120.00
05110	Complete Upper Denture	3	\$3,300.00
05120	Complete Lower Denture	3	\$3,300.00
05213	Maxillary Partial Denture Cast Metal	2	\$2,130.00
05214	Mand Partia Denture Cast Metal	1	\$1,065.00
05225	Maxillary Partial Denture-Flexible Base	1	\$915.00
05650	Add Tooth To Part Denture	2	\$240.00
05810	Interim Complete Denture Max	2	\$610.00
05811	Interim Complete Mand	2	\$610.00
05820	Interim Partial Denture-Maxillary	4	\$1,220.00
05862	Denture Implant Precision Attachment	1	\$275.00
06010	Endosteal Implant - Surgical Placement	10	\$15,580.00
06057	Custom Abutment	1	\$507.00
06060	Abutment Supported PFM Base Metal	1	\$885.00
06241	Porcelain/Base Metal Pontic	2	\$1,590.00
06245	Pontic--Porcelain/Ceramic	1	\$1,000.00
06740	Crown--Porcelain/Ceramic Retainer	4	\$4,000.00
07140	Ext. Erupted Tooth Or Exposed Root	223	\$25,350.00
07210	Surgical Removal Of Tooth	56	\$11,960.00
07220	Surg Extraction/Soft Tissue Impaction	9	\$2,575.00
07230	Surg Extraction/Partially Bony	4	\$1,240.00
07240	Surg Extraction/Completely Bony	8	\$3,375.00
07241	Removal-Impacted-Completely Bony w/compl	2	\$950.00
07286	Biopsy Of Oral Tissue - Soft	3	\$765.00
07310	Alveoplasty W/Ext 1 Quad	10	\$1,975.00
07320	Alveoplasty Not w/Extractions, quad	3	\$735.00
07960	Frenulectomy	1	\$305.00
09230	Nitrous Oxide Analgesia	17	\$867.00
09239	IV Moderat(Conscious)Sed FIRST 15MIN	4	\$700.00
09243	IV Moderate(Conscious)Sed ADDL 15MIN	8	\$1,400.00
09310	Consultation	1	\$88.00
09450	Office Visit No Charge	201	\$0.00
09974	Internal Teeth Bleaching Per Tooth	1	\$198.00
09995	TELEDENTISTRY-SYNC - REAL-TIME ENCOUNTER	1	\$30.00
D7321	ALVEOLOPLASTY WITHOUT EXTRACT 1 TO 3/QUA	1	\$0.00

>>>>> Totals:	1980	\$244,399.00
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* Amount does not reflect taxes and/or discounts that may have been applied.

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *
00103	With Dr. Morales	1 \$0.00
00105	With Dr. Vopat	2 \$0.00
00112	CT SCAN	1 \$0.00
00113	Missed Appointment	150 \$0.00
00115	IV Sedation Appointment/GPR Accounting	3 \$0.00
00116	OR Case Appointment/GPR Accounting	6 \$0.00
00120	Periodic Oral Evaluation- established	82 \$3,718.00
00140	Limited Oral Evaluation - Prob Focused	116 \$7,892.00
00150	Comp Oral Eval-New Or Estab Patient	91 \$6,430.00
00210	Intraoral complete series of radiographi	1 \$110.00
00220	Intraoral-periapical first image	199 \$5,056.00
00230	Intraoral-periapical each additional	45 \$950.00
00270	Bitewing-single radiographic image	44 \$1,110.00
00272	Bitewings-two radiographic images	21 \$870.00
00273	BITEWINGS-THREE FILMS	2 \$64.00
00274	Bitewings-Four radiographic images	75 \$4,385.00
00330	Panoramic radiographic image	134 \$13,120.00
00380	CONE BEAM CT IMAGE CAPTURE-PARTIAL JAW	8 \$1,700.00
00996	WHITENING-IN OFFICE	1 \$249.99
01351	Sealant Per Tooth-Preventative	6 \$288.00
01510	Space Maint/fixed Unilat	1 \$248.00
02140	Amalgam - 1 Surface	4 \$460.00
02150	Amalgam - 2 Surfaces	4 \$596.00
02330	Composite 1 Surface Anterior	19 \$2,603.00
02331	Composite 2 Surface Anterior	16 \$2,640.00
02332	Composite 3 Surface Anterior	15 \$3,118.00
02335	Composite 4 Surface Anterior	4 \$1,048.00
02391	Resin Composite-1 Surface, Posterior	52 \$7,335.00
02392	Resin Composite-2 Surfaces, Posterior	92 \$17,324.50
02393	Resin Composite-3 Surfaces, Posterior	23 \$5,581.00
02394	Resin Composite-4+ Surfaces, Posterior	1 \$280.00
02643	Onlay-Porcelain/ceramic three surfaces	1 \$950.00
02740	Crown-Porcelain/Ceramic Substrate	27 \$23,300.00
02750	Porcelain Fused To High Noble+Lab Fee	2 \$1,800.00
02751	Porcelain/Base Metal Crown	3 \$2,540.00
02790	Full Cast Crown/High Noble-addl lab fee	1 \$900.00
02791	Full Cast Crown/Base Metal	1 \$800.00
02792	Full Cast Crown/Noble+Lab Fee	2 \$1,750.00
02940	Sedative Filling	4 \$320.00
02950	Core Buildup, Including Any Pins	6 \$1,380.00
02952	Cast Post And Core	1 \$375.00
02999	Unsp Restorative Procedure	1 \$100.00
03221	Pulpal debridement, primary and permanen	5 \$695.00
03310	Root Canal/Anterior	9 \$5,640.00
03320	Root Canal/ Bicuspid	3 \$2,215.00
03330	Root Canal Molar	11 \$9,960.00
04263	Bone Replace Graft First Site	4 \$1,840.00
04266	Guided Tissue Regeneration-resorbable	4 \$1,960.00
05110	Complete Upper Denture	6 \$6,600.00
05120	Complete Lower Denture	3 \$3,300.00
05212	Mand Partial Resin Base Including clasps	1 \$700.00
05213	Maxillary Partial Denture Cast Metal	1 \$1,065.00

PROCEDURES BY PROVIDER

For

From EOM: Jul, 19 (07/31/19) To EOM: Jun, 20 (06/30/20)

<u>Service</u>	<u>Number</u>	<u>Amount</u> *
05214 Mand Partia Denture Cast Metal	1	\$1,065.00
05511 REPAIR BROKEN DENTURE BASE, MANDIBULAR	2	\$262.00
05512 REPAIR BROKEN DENTURE BASE, MAXILLARY	2	\$224.00
05520 Replace missing/broken denture tooth	2	\$180.00
05810 Interim Complete Denture Max	2	\$610.00
05811 Interim Complete Mand	2	\$610.00
05820 Interim Partial Denture-Maxillary	1	\$305.00
05821 Interim Partial Denture Mandibular	1	\$305.00
06010 Endosteal Implant - Surgical Placement	8	\$12,464.00
06057 Custom Abutment	1	\$600.00
06060 Abutment Supported PFM Base Metal	1	\$900.00
06090 Repair Implant support Prosth(O Ring)	3	\$170.00
06245 Pontic--Porcelain/Ceramic	9	\$9,000.00
06609 Onlay - Porcelain/Ceramic, 3+ Surfaces	2	\$1,600.00
06611 Onlay - Cast High Noble Metal, 3+ Surf	1	\$800.00
06740 Crown--Porcelain/Ceramic Retainer	10	\$10,000.00
07140 Ext. Erupted Tooth Or Exposed Root	383	\$43,660.00
07210 Surgical Removal Of Tooth	47	\$10,210.00
07220 Surg Extraction/Soft Tissue Impaction	2	\$550.00
07240 Surg Extraction/Completely Bony	6	\$2,425.00
07310 Alveoplasty W/Ext 1 Quad	1	\$175.00
07953 Bone replacement graft for ridge per sit	1	\$450.00
09230 Nitrous Oxide Analgesia	6	\$306.00
09450 Office Visit No Charge	306	\$0.00
09944 OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	2	\$750.00
09975 EXTERNAL BLEACHING FOR HOME	2	\$49.99
09995 TELEDENTISTRY-SYNC - REAL-TIME ENCOUNTER	1	\$30.00

>>>>> Totals:	<u>2120</u>	<u>\$253,067.48</u>
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* Amount does not reflect taxes and/or discounts that may have been applied.