

**Patient initial estimated
deposit paid day of treatment.**

STATEMENT

David H. Gilbert DDS,MS,MBA,
INC.
600 North Mountain Ave.
Suite C-105
Upland, CA 91786

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Statement Date	04/09/2009
Patient ID	

PATIENT NAME

Due Now \$ 40.00

Amount Enclosed \$ _____

Detach Stub and Return with Payment
Keep this portion for your records

Date	Patient	Patient ID	Description	Amount
			Starting Balance	0.00
03/23/09		25528	Ext. Erupt Th Or Expos Rt # A	176.00
03/23/09		25528	Ext. Erupt Th Or Expos Rt # J	176.00
03/23/09		25528	Ext. Erupt Th Or Expos Rt # T	176.00
03/23/09		25528	Ext. Erupt Th Or Expos Rt # K	176.00
03/23/09		25528	General Anes/ 30 Min # 1164	386.00
03/23/09		25528	Patient Payment/CG/MasterCard	-218.00
04/06/09		25528	Insurance Payment/DELTA/CK	-832.00
			Ending Balance	40.00

**Ending Balance
after insurance
pays is due by
patient.**

**Insurance
Payment
for
services
rendered.**

Current	31-60	61-90	91-120	121+	Unapplied	Total	Due Now \$	40.00
40.00	0.00	0.00	0.00	0.00	0.00	40.00		

David H. Gilbert DDS,MS,MBA,
INC.

For billing inquiries call: 909-982-8888

Insurance Last Billed on Mar 24, 2009

Thank you for your prompt payment

**You will receive a monthly statement following your services. All unpaid
balances after 60 days of service are subject to
1 ½% service charge.**