

PLEASE ATTACH TO THE BOTTOM OF YOUR INSURANCE FORM

DIAGNOSTIC SERVICES

	DATE	FEE
<input type="checkbox"/> 00150 Comprehensive Oral Exam	_____	_____
<input type="checkbox"/> 00330 Panoramic X-Ray	_____	_____
<input type="checkbox"/> 00340 Cephalometric X-Ray	_____	_____
<input type="checkbox"/> 00470 Diagnostic Casts	_____	_____
<input type="checkbox"/> 00471 Diagnostic Photographs	_____	_____
<input type="checkbox"/> 00240 Occlusal X-Ray	_____	_____

PATIENT: _____

DATE: _____

PRE-AUTHORIZATION

ACTUAL SERVICES RENDERED

COMMENTS:

ORTHODONTIC SERVICES

<input type="checkbox"/> 08660 Pre-Orthodontic Visit	_____	_____
<input type="checkbox"/> 08680 Retention / Initial Retainers	_____	_____
<input type="checkbox"/> 08999 Retainer Replacement U/L/Both	_____	_____
<input type="checkbox"/> 08999 Retention Visit	_____	_____
<input type="checkbox"/> 08999 Retention Visit	_____	_____
<input type="checkbox"/> 08999 Retention Visit	_____	_____
<input type="checkbox"/> 08999 Retention Visit	_____	_____
<input type="checkbox"/> 08999 Retention Visit	_____	_____
<input type="checkbox"/> 08999 Retention Visit	_____	_____

<input type="checkbox"/> 08070 Comprehensive Ortho Tx - Transitional	_____	_____
<input type="checkbox"/> 08080 Comprehensive Ortho Tx - Adolescent	_____	_____
<input type="checkbox"/> 08090 Comprehensive Ortho Tx - Adult Dentition	_____	_____
<input type="checkbox"/> 08020 Limited Orthodontics - Transitional	_____	_____
<input type="checkbox"/> 08030 Limited Orthodontics - Adolescent	_____	_____
<input type="checkbox"/> 08040 Limited Orthodontics - Adult Dentition	_____	_____

TOTAL CASE FEE: _____

INITIAL PAYMENT: _____

MONTHLY PAYMENT: _____

ESTIMATE TX TIME: _____

DATE APPLIANCE PLACED: _____

	<u>Month</u>	<u>Fee</u>
<input type="checkbox"/> 08670 Continuation Ortho Tx	_____	_____
<input type="checkbox"/> 08670 Continuation Ortho Tx	_____	_____
<input type="checkbox"/> 08670 Continuation Ortho Tx	_____	_____

TOTAL FEE PAYABLE FOR SERVICES RENDERED: _____

License No. 32901

ID No. 11-3529988

LEON S. KLEMPNER, D.D.S., P.C.
Orthodontics and Dentofacial Orthopedics
 112 PROFESSIONAL CENTER
 1645 ROUTE 112 SUITE B
 MEDFORD, NEW YORK 11763
 Tel. (631) 289-0909 Fax. (631) 289-0918



DIPLOMATE, AMERICAN BOARD OF ORTHODONTICS

Drs. Signature _____

LEON S. KLEMPNER, D.D.S.