

Sheet1

| FA | FAM | DATE | DFIRST,C, | LAST,C, | TRAN: | TRANSDESC,C,20 | FEE,N, | TOOTH,C,2 | SURFACE,C,CL |
|----|-----|------|-----------|---------|-------|--------------------|--------|-----------|--------------|
| 1 | 1 | | ### PETER | SMITH | 1110 | ADULT PROPHY | 25.00 | | Y |
| 1 | 1 | | ### PETER | SMITH | 272 | 2 BITEWINGS | 25.00 | | Y |
| 1 | 1 | | ### PETER | SMITH | 120 | PERIODIC ORAL EXAM | 25.00 | | Y |

Sheet1

| CL/CLAIM3,C,1 | IN\$IN\$INSNO3,C,3 | INSE\$INSE\$INSE\$EMEMMMI,C,10 | MMIPERSON,DOCTOR,C,2 |
|---------------|--------------------|--------------------------------|----------------------|
| H | 3 2 | 22.50 2.50 0.00 1 2 0 | |
| H | 3 2 | 22.50 2.50 0.00 1 2 0 | |
| H | 3 2 | 22.50 2.50 0.00 1 2 0 | |

Sheet1

RECALLDT,D DELCODE,C,1 INSDR,C,2 BILLDR,C,2 MMIDR,C,2 DUMMY,C,1