

# Marsha L. Douma D.D.S

# STATEMENT

Bill To:

Statement Date 11/20/17

Patient ID

### Remittance

To ensure proper credit, please enclose a copy of this statement with your check and remit to:

Marsha L. Douma D.D.S  
616 Great Falls Rd  
Rockville, MD 20850

Please write your Patient ID on your check.

### Account Summary

Balance Due \$1,783.00

Payment Due Date 12/20/17

Amount Enclosed \$

Make all checks payable to  
Marsha L. Douma D.D.S

### Account Activity

DATE	DESCRIPTION	CHARGE	PAYMENT	BALANCE
2/13/17	Balance Forward			\$ 12.00
3/23/17	Perio- Cleaning No Fluoride	\$ 220.00		\$ 232.00
3/30/17	Restoration # 19	\$ 295.00		\$ 527.00
4/13/17	Insurance Payment for 3/23/17		\$ 187.00	\$ 340.00
4/18/17	Crown & Bridge #19-21: Prep, Build Up, Cut Crown	\$ 5,455.00		\$ 5,795.00
4/18/17	Restoration #18	\$ 365.00		\$ 6,160.00
4/20/17	Insurance Payment for 3/30/17		\$ 120.00	\$ 6,040.00
4/24/17	Payment Received		\$ 2,500.00	\$ 3,540.00
5/2/17	Insurance Payment for 4/18/17		\$ 220.00	\$ 3,320.00
5/4/17	Temporary Crown Repair	\$ 0.00		\$ 3,320.00
6/15/17	Crown & Bridge #19-21: Impressions	\$ 0.00		\$ 3,320.00
7/18/17	Perio- Cleaning No Fluoride, Crown Delivery #19-21	\$ 220.00		\$ 3,540.00
7/18/17	Additional Gold Charge for #19-21	\$ 216.00		\$ 3,756.00
8/8/17	Resubmitted Insurance Claim			\$ 3,756.00
9/28/17	Insurance Payment for 7/18/17		\$ 189.00	\$ 3,567.00
10/10/17	Resubmitted Insurance Claim			\$ 3,567.00
10/31/17	Insurance Payment for 4/18/17-7/18/17		\$ 784.00	\$ 2,783.00
11/7/17	Payment Received		\$ 1,000.00	\$ 1,783.00
				\$ 1,783.00
			<b>Current Balance:</b>	<b>\$1,783.00</b>

If you have any questions or concerns about this statement, please contact  
301-279-2110 or send an email to [marshadoumadds@gmail.com](mailto:marshadoumadds@gmail.com)