



Run Date: 05/24/2011

Recipient Name:

Prime #:

**Subject:** Verification of Dental Services

**This is not a bill! Do not send money!**

Below is a list of some dental services that we were told you received. By law, we must confirm that you received these services. Please look at the list and tell us of any errors or if you did not receive the service by calling Customer Service. Your input is important!

**You may contact Customer Service at 866-268-9631, TTY 866-268-9617. Please call if you have questions or comments about this document.**

Provider	Service Provided	Date
	INTRAORAL-PERIAPICAL-FIRST FILM	3/16/11
	INTRAORAL-PERIAPICAL EACH ADDL FILM	3/16/11
	INTRAORAL-PERIAPICAL EACH ADDL FILM	3/16/11
	INTRAORAL-PERIAPICAL EACH ADDL FILM	3/16/11
	PROPHYLAXIS - CHILD	3/16/11
	TOPICAL APPLICATION OF FLUORIDE - CHILD	3/16/11
	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	3/16/11
	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	3/16/11
	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	3/16/11
	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	3/16/11
	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR	3/16/11
	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR	3/16/11
	PREFAB STAINLESS STEEL CRWN W/ RESIN WINDOW	3/16/11

If you have a disability and need this letter in an alternate format, please contact Customer Service at 866-268-9631.