

## STATEMENT OF SERVICES RENDERED

James L. Clark, D.D.S. William L.  
DePrater, D.D.S.  
P.O. Box 458  
116 East 14th  
Ada, OK 74820  
(580)436-3060

| CHART NO. | PAGE NO. |
|-----------|----------|
| TA0113    | 1        |

| BILLING DATE |
|--------------|
| 08/03/2009   |

**GUARANTOR NAME AND MAILING ADDRESS**

[REDACTED]

| PATIENT    | TOOTH | SURF | DESCRIPTION   | CHARGE         | CREDIT  |
|------------|-------|------|---|----------------|---------|
| [REDACTED] |       |      | D0150:Comp oral eval-new/estab<br>D0274:Bitewings-four films<br>Check Payment - Thank You Ch # cash | 60.00<br>50.00 | -110.00 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | INSURANCE ESTIMATE | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|--------------------|------------|
| 0.00          | -110.00         | + 110.00        | = 0.00      | - 0.00             | = 0.00     |

YTD Finance Charges: 0.00      YTD Late Charges: 0.00      YTD Guar Payments: 110.00      YTD Ins Payments: 0.00

| PATIENT | DATE | TIME | REASON |
|---------|------|------|--------|
|         |      |      |        |

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| CHART NO. | PAGE NO. |
|-----------|----------|
| TA0113    | 1        |

| BILLING DATE |
|--------------|
| 08/24/2009   |

**GUARANTOR NAME AND MAILING ADDRESS**

[REDACTED]

| PATIENT    | TOOTH | SURF | DESCRIPTION                              | CHARGE | CREDIT  |
|------------|-------|------|--|--------|---------|
| [REDACTED] | 8     |      | D9230:Analgesia                          | 45.00  |         |
| [REDACTED] | 11    |      | D7140:Extraction, erupted/expos          | 140.00 |         |
| [REDACTED] | 12    |      | D7140:Extraction, erupted/expos          | 140.00 |         |
|            |       |      | D7140:Extraction, erupted/expos          | 140.00 |         |
|            |       |      | Credit Card Payment -Thank You Ch # visa |        | -465.00 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | INSURANCE ESTIMATE | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|--------------------|------------|
| 0.00          | -465.00         | 465.00          | 0.00        | 0.00               | 0.00       |

YTD Finance Charges: 0.00

YTD Late Charges: 0.00

YTD Guar Payments: 575.00

YTD Ins Payments: 0.00

| PATIENT | DATE | TIME | REASON |
|---------|------|------|--------|
|         |      |      |        |

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| CHART NO. | PAGE NO. |
|-----------|----------|
| TA0113    | 1        |

| BILLING DATE |
|--------------|
| 02/02/2010   |

**GUARANTOR NAME AND MAILING ADDRESS**

[REDACTED]

| PATIENT    | TOOTH | SURF | DESCRIPTION                         | CHARGE | CREDIT   |
|------------|-------|------|-------------------------------------|--------|----------|
| [REDACTED] |       |      | Check Payment - Thank You Ch # 1031 |        | -4546.09 |

| PRIOR BALANCE | CURRENT CREDITS | CURRENT CHARGES | NEW BALANCE | INSURANCE ESTIMATE | PLEASE PAY |
|---------------|-----------------|-----------------|-------------|--------------------|------------|
| 0.00          | -               | -4546.09        | +           | 0.00               | =          |
|               |                 |                 |             | -4546.09           | -          |
|               |                 |                 |             | 0.00               | =          |
|               |                 |                 |             |                    | 0.00       |

YTD Finance Charges: 0.00      YTD Late Charges: 0.00      YTD Guar Payments: 4546.09      YTD Ins Payments: 0.00

| PATIENT    | DATE                | TIME    | REASON |
|------------|---------------------|---------|--------|
| [REDACTED] | Tue. - Feb. 2, 2010 | 3:00 pm | exts   |