

How to Apply INS payment to already paid transactions and issue Patient Refund

1 Enter Insurance payment as usual

File Edit Lists Activities Help

DentiMax

Ledger (Chicken, Rubber)

Patient: CHR0000 Chicken, Rubber

Show All Recent and Open Billings
 Show Family
 Show All History
 Hide Zero Balances
 Only Ins Pending

Billing Information
 Est Due: 0.00
 Charges: 600.00
 Adjustments: -5.00
 Ins 1: ANTHEM
 Ins 2: None
 HOH: Chicken, Rubber
 Patient Pmts: -540.00
 Total: 0.00

Primary Balance: 0.00
 Individual: 50.00
 Family: 0.00
 Std Ded: 50.00
 Prv Ded:
 Other Ded:
 Ins 1 Used: 50
 Ins 1 Max: 1500

	Current	30 days	60 days	90+ days
	0.00	0.00	0.00	0.00

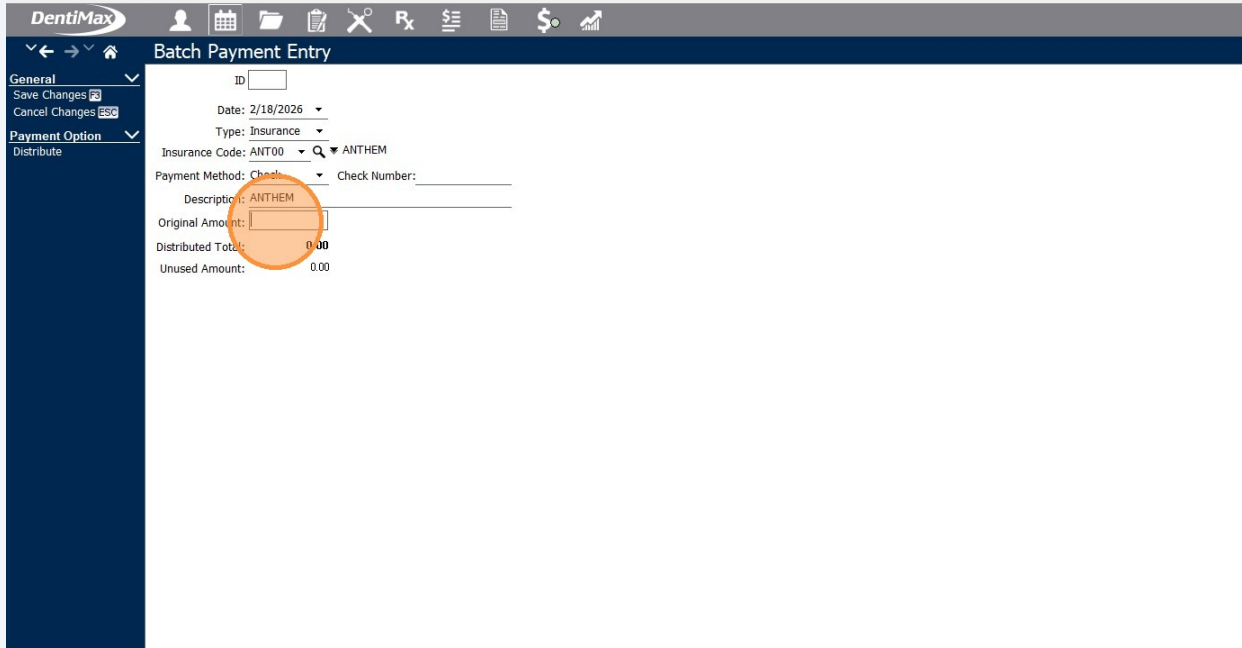
Date	Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj
1/28/2026	88	Rubber	CHR0000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.
1/28/2026	88	Rubber	CHR0000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.
2/9/2026	88	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.
2/9/2026	88	Rubber	CHR0000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.
2/10/2026	88	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.
2/10/2026	88	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.
2/18/2026	88	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.
2/18/2026	88	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.
2/18/2026	88	Rubber	CHR0000	REFUND - Patient Check Payment	TES00			PATPAY	160.00	0.00	Completed	0.00	0.00	0.
1/22/2026	85	Rubber	CHR0000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.
2/9/2026	85	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.
2/18/2026	85	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.
3/22/2026	85	Rubber	CHR0000	Amnt Applied to Ded 50.00				NOTE			Completed			
11/18/2025	66	Rubber	CHR0000	Primary insurance e-claim sent				CLAIM1	0.00	0.00	Completed	0.00	0.00	0.
10/16/2025	66	Rubber	CHR0000	prophylaxis - adult	TES00			D1110	50.00	-5.00	Completed	-45.00	0.00	0.
11/15/2025	66	Rubber	CHR0000	Claim Printed				CLAIM			Completed			
2/9/2026	66	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.
2/18/2026	66	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.

Print
 Print Walk-Out
 Print Family Walk-Out
 Print Statement
 Print Family Statem...
 Print Ledger
 Print Family Ledger

2 Enter payment information: enter amount




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DentiMax Batch Payment Entry


General


Save Changes  Cancel Changes  Payment Option  Distribute

ID:

Date: 2/18/2026

Type: Insurance

Insurance Code: ANT00  ANTHEM

Payment Method: Check  Check Number:

Description: ANTHEM

Original Amount:

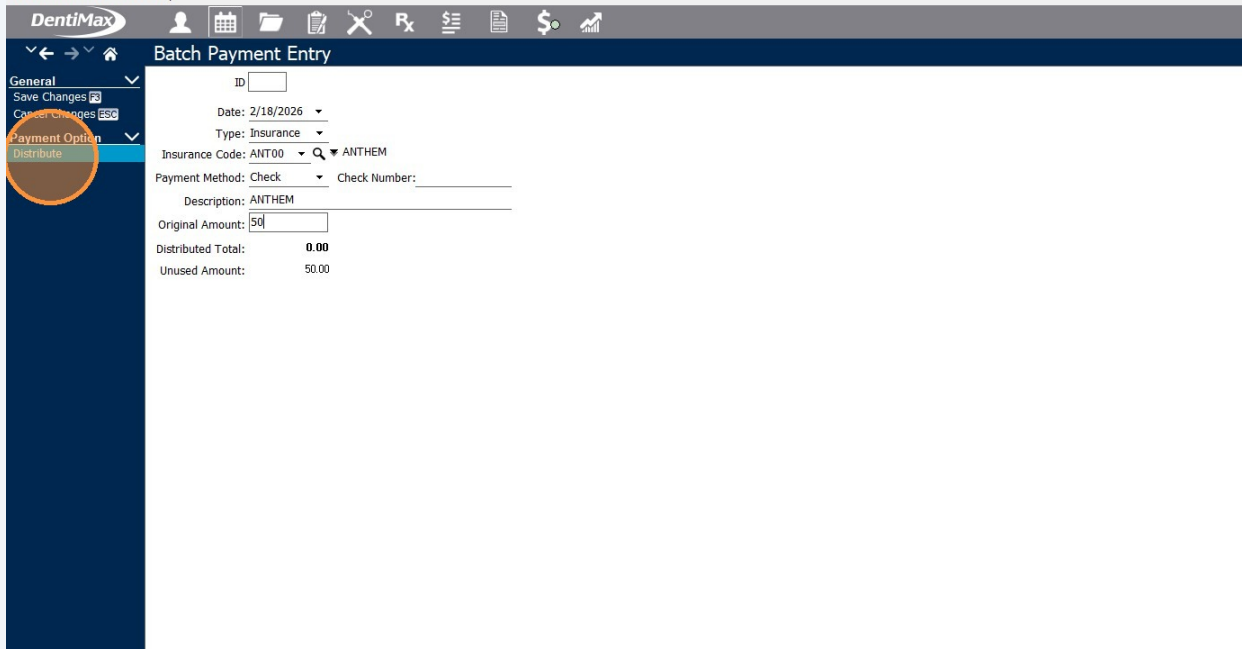
Distributed Total: 0.00

Unused Amount: 0.00

3 Click distribute




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File Edit Lists Activities Help



DentiMax Batch Payment Entry


General


Save Changes  Cancel Changes  Payment Option  Distribute

ID:

Date: 2/18/2026

Type: Insurance

Insurance Code: ANT00  ANTHEM

Payment Method: Check  Check Number:

Description: ANTHEM

Original Amount:

Distributed Total: 0.00

Unused Amount: 50.00

4 If there are no procedures showing to apply the payment to:

The screenshot shows the DentiMax interface for an "EOB Entry - ANTHEM (ANT00)". The top navigation bar includes icons for home, back, forward, search, and other functions. The main content area is divided into sections: "General" (Check Date: 2/18/2026, Check Number: [blank]), "Other Information" (Patient: CHIRU000, Chicken, Rubber), and "Claim" (Claim: [blank]). On the right, financial summary shows: Total Check Amount: 50.00, Previously Posted: 0.00, Current Posted Amount: 0.00, and Unposted Amount: 50.00. Below this are buttons for "Dist Full Amt" and "Dist to Est". A "Payment Code" dropdown is set to "INSCHECK". At the bottom, a table with columns for Note, Service Date, Claim #, Code, Tooth, Fee, Pat Paid, Pat Adj, Ins Paid, Ins Adj, Balance, Ins Est, Payment, Deductible, Adjustment, and Follow Up is shown. The table is currently empty, with a large orange circle highlighting the empty space.

5 Click "Show Paid Transactions"

This screenshot is identical to the one above, but with an orange circle highlighting the "Show Paid Transactions" checkbox in the "Claim" section. The checkbox is currently unchecked. The rest of the interface, including the financial summary and the empty table, remains the same.

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Now all procedures will show and you can apply the payment to the correct procedure

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Lists Activities Help

DentiMax

EOB Entry - ANTHEM (ANT00)

Check Date: 2/18/2026 Primary Ins: ANTH00 - ANTHEM
 Check Number: Secondary Ins: -
 Patient: CHIRU000 Chicken, Rubber

Total Check Amount: 50.00
 Previously Posted: 0.00
 Current Posted Amount: 0.00
 Unposted Amount: 50.00

Show Paid Transactions Show Other Insurance Plan Charges

Dist Full Amt Dist to Est

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth	Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up
	10/16/2025	82	D1110		50.00	-45.00		-5.00					50.00		<input type="checkbox"/>
	1/22/2026	99	D0120		50.00	-50.00							50.00		<input type="checkbox"/>
	1/28/2026	104	D6010	4	500.00	-445.00		-50.00	-5.00						<input type="checkbox"/>

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Once applied to the procedure, click Post Payment and Close

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File Edit Lists Activities Help

DentiMax

EOB Entry - ANTHEM (ANT00)

Check Date: 2/18/2026 Primary Ins: ANTH00 - ANTHEM
 Check Number: Secondary Ins: -
 Patient: CHIRU000 Chicken, Rubber

Total Check Amount: 50.00
 Previously Posted: 0.00
 Current Posted Amount: -50.00
 Unposted Amount: 0.00

Show Paid Transactions Show Other Insurance Plan Charges

Dist Full Amt Dist to Est

Post Payments
 Post Payments and ...

General Post Payments and Close

Other Information
 Add Billing Note

A charge has been overpaid creating a credit. If possible, the credit will be automatically distributed to other charges for this patient and/or family.

What is this? Change Setting

Payment Code: INSCHECK

Note	Service Date	Claim #	Code	Tooth	Fee	Pat Paid	Pat Adj	Ins Paid	Ins Adj	Balance	Ins Est	Payment	Deductible	Adjustment	Follow Up
	10/16/2025	82	D1110		50.00	-45.00		-5.00				-50.00	50.00		<input type="checkbox"/>
	1/22/2026	99	D0120		50.00	-50.00							50.00		<input type="checkbox"/>
	1/28/2026	104	D6010	4	500.00	-445.00		-50.00	-5.00						<input type="checkbox"/>

8 Click here

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File Edit Lists Activities Help

Batch Payment Entry

ID: 109

Date: 2/18/2026

Type: Insurance

Insurance Code: ANT00 ANTHEM

Payment Method: Check Check Number: _____

Description: ANTHEM

Original Amount: 50.00

Distributed Total: 50.00

Unused Amount: 0.00

9 This Insurance payment will show as a credit on the selected procedure(s)

To be issued as a refund to the patient if needed

Billing Information

Est Due	Charges:	550.00	Primary	Individual	Family
Ins 1: ANTHEM	Adjustments:	45.00	Balance	-50.00	-50.00
Ins 2: None	Ins Pmts:	-105.00	Std Ded	50.50	
HOH: Chicken, Rubber	Patient Pmts:	-540.00	Prv Ded		
	Total:	-50.00	Other Ded		
			Ins 1 Used	50	
			Ins 1 Max	1500	

Current: -50.00 30 days: 0.00 60 days: 0.00 90+ days: 0.00

Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance
26	88 Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26	88 Rubber	CHIRU000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	88 Rubber	CHIRU000	REFUND - Patient Check Payment	TES00			PATPAY	150.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	85 Rubber	CHIRU000	PX IP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26	85 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	85 Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
26	85 Rubber	CHIRU000	Amnt Applied to Ded 50.00				NOTE			Completed					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26	66 Rubber	CHIRU000	Payment adjustment				AUTOPAY	-50.00	0.00	Completed	0.00	0.00	0.00	-50.00	<input type="checkbox"/>	<input type="checkbox"/>
1025	66 Rubber	CHIRU000	Primary insurance e-claim sent				CLAIM	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
1025	66 Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
125	66 Rubber	CHIRU000	Claim Printed				CLAIM			Completed					<input type="checkbox"/>	<input type="checkbox"/>
125	66 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
126	66 Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
126	66 Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>
126	66 Rubber	CHIRU000	Payment adjustment	TES00			AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>

10 Click Issue Patient Refund

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File Edit Lists Activities Help

DentiMax Ledger (Chicken, Rubber)

Patient: CHR0000 Chicken, Rubber

Billing Information: Ins 1: ANTHEM, Ins 2: None, HOH: Chicken, Rubber, Est Due: 0.00

Charges: 550.00, Adjustments: 45.00, Ins Pmts: -105.00, Patient Pmts: -540.00, Total: -50.00

Primary Balance: 50.00, Std Ded: 50.00, Piv Ded: 50.00, Other Ded: 50.00, Ins 1 Used: 1500, Ins 1 Max: 0.00

Date	Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj
1/28/2026	88	Rubber	CHR0000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.00
1/28/2026	88	Rubber	CHR0000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.00
2/9/2026	88	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00
2/9/2026	88	Rubber	CHR0000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.00
2/10/2026	88	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00
2/10/2026	88	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	88	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	88	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	88	Rubber	CHR0000	REFUND - Patient Check Payment	TES00			PATPAY	160.00	0.00	Completed	0.00	0.00	0.00
1/22/2026	85	Rubber	CHR0000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.00
2/9/2026	85	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	85	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	85	Rubber	CHR0000	Amt Applied to Ded 50.00	TES00			NOTE			Completed			
2/18/2026	66	Rubber	CHR0000	Payment adjustment	TES00			AUTOPAY	-50.00	0.00	Completed	0.00	0.00	0.00
11/18/2025	66	Rubber	CHR0000	Primary insurance e-claim sent	TES00			CLAIM	0.00	0.00	Completed	0.00	0.00	0.00
10/16/2025	66	Rubber	CHR0000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.00
11/5/2025	66	Rubber	CHR0000	Claim Printed	TES00			CLAIM			Completed			
2/9/2026	66	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	66	Rubber	CHR0000	Patient American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	66	Rubber	CHR0000	Insurance Check Payment	TES00			INSCHECK	-50.00	0.00	Completed	0.00	0.00	0.00
2/18/2026	66	Rubber	CHR0000	Payment adjustment	TES00			AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.00

11 Select how to issue refund: Refund to Patient via Check

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File Edit Lists Activities Help

DentiMax Patient REFUND

Refund for: CHR0000 Chicken, Rubber

Refund Date: 2/18/2026

Refund Code: PATPAY Patient Check Payment

Check No.: []

Adjustment Code: REFUNDC Refund to patient via credit card

Charges at:

Date	Name	Billing	Code	Th	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	REFUND	Adj Today
10/16/2025	Rubber	66	D1110			TES00	50.00	55.00		-55.00	-5.00	50.00	-45.00		0.00			
1/22/2026	Rubber	85	D0120			TES00	50.00				50.00		-50.00		0.00			
1/28/2026	Rubber	88	D6010	4		TES00	500.00	50.00	-5.00	-50.00	445.00		-445.00		-5.00			
2/18/2026	Rubber	66	AUTOPAY			TES00	-50.00				-50.00			-50.00	0.00	-50.00		

12 Enter Refund amount

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DentiMax Patient REFUND

Refund for: CHIRU000 Chicken, Rubber Refund Card

Refund Date: 2/18/2026

Refund Code: REFUND Refund to patient via check Check No.:

Patient Est Due: 0.00
 Account Balance: 0.00
 Refund Amount: 0.00
 Distributed Rfd: 0.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Total Adjustment:

Charges at:

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing:
 Show only Today's Charges Hide Items with a Credit Balance

Date	Name	Billing	Code	Tth	Surf	Provider	Fee	Ins Est	Ins Paid	Ins Adj	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	REFUND	Adj Today
10/16/2025	Rubber	66	D1110			TES00	50.00	55.00			-55.00	-5.00	50.00	-45.00		0.00		
1/22/2026	Rubber	85	D0120			TES00	50.00				50.00		-50.00			0.00		
1/28/2026	Rubber	88	D6010	4		TES00	500.00	50.00		-5.00	-50.00		445.00			-5.00		
2/18/2026	Rubber	66	AUTOP4				-50.00				-50.00			-50.00		0.00	-50.00	

13 Click "Refund to patient via check"

DentiMax REFUND

Refund for: CHIRU000 Chicken, Rubber Refund Card

Refund Date: 2/18/2026

Refund Code: REFUND Refund to patient via check Check No.:

Due: 0.00
 Balance: 0.00
 Amount: 50.00
 Refund: 50.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing:
 Show only Today's Charges Hide Items with a Credit Balance

Name	Billing	Code	Tth	Surf	Provider	Fee	Ins Est	Ins Paid	Ins Adj	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	REFUND	Adj Today
Rubber	66	D1110			TES00	50.00	55.00			-55.00	50.00		-45.00		0.00		
Rubber	85	D0120			TES00	50.00				50.00		-50.00			0.00		
Rubber	88	D6010	4		TES00	500.00	50.00		-5.00	-50.00		445.00			-5.00		
Rubber	66	AUTOP4				-50.00				-50.00			-50.00		0.00	-50.00	

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Enter the refund amount to the procedure that has the credit

REFUND

CHIRU000 Chicken, Rubber Refund Card

2/18/2026

REFUND Refund to patient via check Check No.:

Due: 0.00
 Balance: 0.00
 Amt: 50.00
 Ind: 0.00 * 50.00 debit will be placed on the account.

PATADJ Adjustment Adjust All to 0

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing:
 Show only Today's Charges Hide Items with a Credit Balance

Per	Billing	Code	Tth	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	REFUND	Adj Today
er	66	D1110			YES00	50.00	55.00		-55.00	-5.00	50.00	-45.00		0.00			
er	85	D0120			YES00	50.00				50.00		-50.00		0.00			
er	88	D6010	4		YES00	500.00	50.00	-5.00	-50.00	445.00		-445.00		-5.00			
er	66	AUTOP4				-50.00				-50.00			-50.00	0.00	-50.00	50.00	

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Save changes

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File Edit Lists Activities Help

DentiMax

Patient REFUND

Refund for: CHIRU000 Chicken, Rubber Refund Card

Refund Date: 2/18/2026

Refund Code: REFUND Refund to patient via check Check No.:

Patient Est Due: 0.00
 Account Balance: 0.00
 Refund Amount: 50.00
 Distributed Rfnd: 50.00

Adjustment Code: PATADJ Adjustment Adjust All to 0

Total Adjustment:

Charges at:

Hide zero balance Charges Show Family Charges
 Hide Pending Ins Charges Only Show Billing:
 Show only Today's Charges Hide Items with a Credit Balance

Date	Name	Billing	Code	Tth	Surf	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	REFUND	Adj Today
10/16/2025	Rubber	66	D1110			YES00	50.00	55.00		-55.00	-5.00	50.00	-45.00		0.00			
1/22/2026	Rubber	85	D0120			YES00	50.00				50.00		-50.00		0.00			
1/28/2026	Rubber	88	D6010	4		YES00	500.00	50.00	-5.00	-50.00	445.00		-445.00		-5.00			
2/18/2026	Rubber	66	AUTOP4				-50.00				-50.00			-50.00	0.00	-50.00	50.00	

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Now you will have a note on the ledger of Patient Refund

Account is not \$0 balance

Ledger (Chicken, Rubber)

Patient: CHIRU000 Q Chicken, Rubber

Billing Information:		Est Due	Charges:	550.00	Primary	Individual	Family
Ins 1:	ANTHEM	0.00	Adjustments:	45.00	Balance	3000	0.00
Ins 2:	None	0.00	Ins Pmts:	-105.00	Std Ded	50/50	
HOH: Chicken, Rubber		0.00	Patient Pmts:	-490.00	Prv Ded		
			Total:	0.00	Other Ded		
					Ins 1 Used	50	
					Ins 1 Max	1500	
		Current	30 days	60 days	90+ days		
		0.00	0.00	0.00	0.00		

Date	Billing Number	Name	Chart Number	Description	Provider	Tooth	Surface	Code	Amount	Ins Pd	Status	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid
1/28/2026	88	Rubber	CHIRU000	surgical placement of implant body: endo	TES00	4		D6010	500.00	-50.00	Completed	-445.00	-5.00	0.00	0.00	<input checked="" type="checkbox"/>
1/28/2026	88	Rubber	CHIRU000	Collections Payment	TES00			COLLPAY	-100.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/9/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/9/2026	88	Rubber	CHIRU000	Insurance Adjustment	TES00			INSADJ	-5.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/10/2026	88	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-25.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	88	Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-345.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	88	Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-160.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	88	Rubber	CHIRU000	REFUND - Patent Check Payment	TES00			PATPAY	160.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
1/22/2026	85	Rubber	CHIRU000	PX EP periodic oral evaluation - estab	TES00			D0120	50.00	0.00	Completed	-50.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>
2/9/2026	85	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	85	Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
1/22/2026	85	Rubber	CHIRU000	Amnt Applied to Ded 50.00				NOTE			Completed					<input checked="" type="checkbox"/>
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	-50.00	0.00	Completed	50.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	66	Rubber	CHIRU000	REFUND - Refund to patient via check				REFUND	50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
11/18/2025	66	Rubber	CHIRU000	Primary insurance e-claim sent				CLAIM	0.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
10/16/2025	66	Rubber	CHIRU000	prophylaxis - adult	TES00			D1110	50.00	-55.00	Completed	5.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>
11/5/2025	66	Rubber	CHIRU000	Claim Printed				CLAIM			Completed					<input type="checkbox"/>
2/9/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-5.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	66	Rubber	CHIRU000	Patent American Express Payment	TES00			PATAMEX	-45.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	66	Rubber	CHIRU000	Insurance Check Payment	TES00			INSCHECK	-50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>
2/18/2026	66	Rubber	CHIRU000	Payment adjustment				AUTOPAY	50.00	0.00	Completed	0.00	0.00	0.00	0.00	<input type="checkbox"/>