

DentiMax: Printing Walkout Statement vs Statement vs Payment Receipt



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Walk-out is a statement: A statement of what was **DONE TODAY** that has a balance

A **Statement** is a bill: what the patient owes. Only on procedures that have a balance owed by pt. *If there are outstanding insurance claims and your program preferences are set to send statements AFTER insurance has been paid, it will not populate a statement.

Payment Receipt: what the patient paid for a specific date/date range and what it was applied to.

Billing Information Summary:

Charges:	1550.00	Primary:	Individual	Family
Adjustments:	0.00	Balance:	550.00	250.00
Ins Pmts:	-280.00	Std Ded:	50/50	100/150
Pat Pmts:	-320.00	Prv Ded:		
Total:	950.00	Other Ded:	280+720	+700
		Ins 1 Used:	1000	2500
		Ins 1 Max:		
Current:	950.00	30 days:	0.00	0.00
		60 days:		
		90+ days:		

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
73	42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	TES00			50.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	D0330	panoramic radiographic image	TES00			300.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	TES00	16		500.00	Completed	0.00	0.00	0.00	0.0
73	42	9/4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.0
72	41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	1		200.00	Completed	0.00	-200.00	0.00	0.0
	41	9/2/2025	Move	CRTR	credit trans	TES00			-200.00	Completed	0.00	0.00	0.00	0.0
71	38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.0
	38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.0
	38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00			-280.00	Completed	0.00	0.00	0.00	0.0
	38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00					Completed				

2 From the patients ledger

On the left side menu: click Print Walk-Out

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
73	42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	TES00			50.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D0330	panoramic radiographic image	TES00			300.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	TES00	16		500.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
72	41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	1		200.00	Completed	0.00	-200.00	0.00	0.00
				CRTR	credit trans	TES00			-200.00	Completed	0.00	0.00	0.00	0.00
				D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.00
				PATPAY	Patient Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.00
				INSCHECK	Insurance Check Payment	TES00			-280.00	Completed	0.00	0.00	0.00	0.00
				NOTE	Amt Applied to Ded 50.00					Completed				

3 Select from the drop-down menu; Walkout statement

ite	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid	Note
4/2025	Move	D0150	comprehensive oral evaluation - new or e	TES00			50.00	Completed	0.00	0.00	0.00	0.00	50.00			
4/2025	Move	D0330	panoramic radiographic image	TES00			300.00	Completed	0.00	0.00	0.00	0.00	300.00			
4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00	100.00			
4/2025	Move	D7241	removal of impacted tooth - completely b	TES00	16		500.00	Completed	0.00	0.00	0.00	0.00	500.00			
4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00	0.00			
2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	1		200.00	Completed	0.00	-200.00	0.00	0.00	0.00			
2/2025	Move	CRTR	credit trans	TES00			-200.00	Completed	0.00	0.00	0.00	0.00	0.00			
2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.00	0.00			
3/26/2025	Move	PATPAY	Patient Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.00	0.00			
3/27/2025	Move	INSCHECK	Insurance Check Payment	TES00			-280.00	Completed	0.00	0.00	0.00	0.00	0.00			
25/2025	Move	NOTE	Amt Applied to Ded 50.00					Completed								

4 Click OK

ame	Code	Description	Provider	Tooth Surface	Amount	Status	Ins 1 Max				Bal	Insurance 1 Paid	Insurance 2 Paid	Note	Entered by	Treat
							Current	30 days	60 days	90+ days						
							950.00	0.00	0.00	0.00						
love	D0150	comprehensive oral evaluation - new or e	TES00		50.00	Completed	0.00	0.00	0.00	0.00	50.00					2150
love	D0330	panoramic radiographic image	TES00		300.00	Completed	0.00	0.00	0.00	0.00	300.00					2150
love	D7210	extraction erupted tooth requiring remov	TES00	3	100.00	Completed	0.00	0.00	0.00	0.00	100.00					2150
love	D7241	removal of impacted tooth - completely b	TES00	16	500.00	Completed	0.00	0.00	0.00	0.00	500.00					2150
love	CLAIM	Primary insurance claim printed			0.00	Completed	0.00	0.00	0.00	0.00						
love	D7240	removal of impacted tooth - completely b	TES00	1	200.00	Completed	0.00	-200.00	0.00	0.00	0.00					2150
ove	CRTR	credit trans	TES00		-200.00	Completed	0.00	0.00	0.00	0.00						2150
love	D7240	removal of impacted tooth - completely b	TES00	12	400.00	Completed	-280.00	-120.00	0.00	0.00	0.00					2150
ove	PATPAY	Patent Check Payment	TES00		-120.00	Completed	0.00	0.00	0.00	0.00						2150
ove	INSCHECK	Insurance Check Payment	TES00		-280.00	Completed	0.00	0.00	0.00	0.00						2150
love	NOTE	Amt Applied to Ded 50.00				Completed										

Choose a Report X

Print To Printer v

Choose Report Format: Walkout Statement Classic

Print Preview

Only Show Favorite Reports

Cancel
OK

5

This is what the Walk-Out statement will look like

Print as usual to your local printer

Default Data
41353 nw
Kljj, AZ 85297
(888) 888-8888

Chart Number: DOVMO000

Credit Card Payment	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Card Number	CVV
Exp Date	Amount
Signature	

Move Dover
1234 E State St

Please detach and return

Today's Charges

Date	Procedure	Charges
¹ 09/04/2025	D0150 comprehensive oral evaluation - new or e	50.00
² 09/04/2025	D0330 panoramic radiographic image	300.00
³ 09/04/2025	D7210 extraction erupted tooth requiring remov	100.00
⁴ 09/04/2025	D7241 removal of impacted tooth - completely b	500.00

Total: 950.00

Today's Balance: 950.00

Patient Balance: 950.00

6 To print a Statement from the patient ledger; click Print Statement

The screenshot shows a patient ledger with a sidebar menu on the left. The menu items include: Post From Treatme..., Adjust Deductible, Adjust Benefits Used, Enter a Payment, Add Pat Payment/Adj, New Insurance Pay..., Add Ledger Note, Issue a Patient Refund, Other Information, View Details, View Billing Options, View Chart, View Prescriptions, Claim Information, Create Claim, Print, Print Walk-Out, Print Family Walk-Out, **Print Statement**, Print Family Statem..., Print Ledger, and Print Family Ledger. The main window displays a table of dental procedures with columns for Claim Number, Billing Number, Date, Name, Code, Description, Provider, Tooth, Surface, Amount, Status, Ins Pd, Pat Pd, Ins Adj, and Pat Adj. The total amount shown is 950.00.

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
73	42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	TES00			50.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D0330	panoramic radiographic image	TES00			300.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	TES00	16		500.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
72	41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	1		200.00	Completed	0.00	-200.00	0.00	0.00
	41	9/2/2025	Move	CRTR	credit trans	TES00			-200.00	Completed	0.00	0.00	0.00	0.00
71	38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.00
	38	8/26/2025	Move	PATPAY	Patient Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.00
	38	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00			-280.00	Completed	0.00	0.00	0.00	0.00
		38	8/25/2025	Move	NOTE	Amt Applied to Ded 50.00				Completed				

7 From the drop-down menu select Patient Statement

The screenshot shows the same patient ledger as in step 6, but with a 'Choose a Report' dialog box open. The dialog box has a 'Print To Printer' dropdown and a 'Choose Report Format:' dropdown. Below these are checkboxes for 'Print F' (checked) and 'Only Show Favorite'. A list of report formats is displayed with their names and modification dates:

Name	Modified
Charges in a Date Range	7/23/2024 12:28:00 PM
Patient Statement	4/9/2025 12:32:00 PM
Patient Statement 2021 - Online	8/14/2023 11:10:00 AM
Patient Statement 2021 - Online - No Timer	8/14/2023 9:21:00 AM
Payment Receipt	1/31/2020 4:08:00 PM
School Excuse	12/14/2020 12:10:00 PM

8 Click OK

ne	Code	Description	Ins 1 Max				Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid	Note	Entered by	Treat
			Current	30 days	60 days	90+ days															
ve	D0150	comprehensive oral evaluation - new or e	950.00	0.00	0.00	0.00	TES00		50.00	Completed	0.00	0.00	0.00	0.00	50.00				2150		
ve	D0330	panoramic radiographic image					TES00	3	300.00	Completed	0.00	0.00	0.00	0.00	300.00				2150		
ve	D7210	extraction erupted tooth requiring remov					TES00	16	100.00	Completed	0.00	0.00	0.00	0.00	100.00				2150		
ve	D7241	removal of impacted tooth - completely b					TES00		500.00	Completed	0.00	0.00	0.00	0.00	500.00				2150		
ve	CLAIM	Primary insurance claim printed							0.00	Completed	0.00	0.00	0.00	0.00							
ve	D7240	removal of impacted tooth - completely b					TES00	1	200.00	Completed	0.00	-200.00	0.00	0.00	0.00				2150		
ve	CRTR	credit trans					TES00		-200.00	Completed	0.00	0.00	0.00	0.00					2150		
ve	D7240	removal of impacted tooth - completely b					TES00	12	400.00	Completed	-280.00	-120.00	0.00	0.00	0.00				2150		
ve	PATPAY	Patient Check Payment					TES00		-120.00	Completed	0.00	0.00	0.00	0.00					2150		
ve	INSCHECK	Insurance Check Payment					TES00		-280.00	Completed	0.00	0.00	0.00	0.00					2150		
ve	NOTE	Amt Applied to Ded 50.00								Completed											

Choose a Report

Print To Printer

Choose Report Format: Patient Statement

Print Preview

Only Show Favorite Reports

Cancel OK

9 Click "OK"

report: patient statement

Show all data where the Provider Code matches one of the values in this list:

Show all values of the Provider Code field.

and the Facility is equal to

Show all values of the Facility field.

and the Chart Number is equal to DOVMO001

Show all values of the Chart Number field.

and the Last Statement Date is less than 8/5/2025

Show all values of the Last Statement Date f

OK Cancel

0.00	100.00				2150	1
0.00	500.00				2150	1
0.00	0.00				2150	1
0.00	0.00				2150	1
0.00	0.00				2150	1
0.00					2150	

View: Post Date: 9/4/2025

9:07 AM 9/4/2025

81°F Mostly sunny

10

This is what the Patient Statement will look like after insurance claims have been paid and the patient has a balance

Print as usual to your local printer

Default Data
41353 n/w
Kijig, AZ 85297
(888) 888-8888

Chart Number: DOWM0000

Credit Card Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
<input type="checkbox"/> Other			
Card Number	CIV		
Exp Date	Amount		
Signature			

Move Dover
1234 E State St

Date	Procedure	Charge	Ins. Adj.	Ins. Pay.	Pat. Adj.	Pat. Pay	Balance
09/04/2025	D0150 comprehensive oral evaluation - new	50.00					50.00
		50.00	0.00	0.00	0.00	0.00	50.00
09/04/2025	D0330 panoramic radiographic image	300.00					300.00
		300.00	0.00	0.00	0.00	0.00	300.00
09/04/2025	D7210 extraction erupted tooth requiring rem	100.00					100.00
		100.00	0.00	0.00	0.00	0.00	100.00
09/04/2025	D7241 removal of imoaded tooth - complete	500.00					500.00
		500.00	0.00	0.00	0.00	0.00	500.00
Current Amount		950.00					950.00
30 Days Past Due		0.00					
60 Days Past Due		0.00					
90 Days Past Due		0.00					
120 Days Past Due		0.00					
Total Balance		950.00					

Adding based on 2025 of service

Thank you for your prompt payment. We appreciate your kind referrals!

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To print a patient Payment Receipt from patient ledger

click Print Statement

Claim Number	Billing Number	Date	Name	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
73	42	9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	TES00			50.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D0330	panoramic radiographic image	TES00			300.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	D7241	removal of impacted tooth - completely b	TES00	16		500.00	Completed	0.00	0.00	0.00	0.00
73	42	9/4/2025	Move	CLAIM	Primary insurance claim printed				0.00	Completed	0.00	0.00	0.00	0.00
72	41	9/2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	1		200.00	Completed	0.00	-200.00	0.00	0.00
73	41	9/2/2025	Move	CRTR	credit trans	TES00			-200.00	Completed	0.00	0.00	0.00	0.00
71	38	8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-280.00	-120.00	0.00	0.00
38	8	8/26/2025	Move	PATPAY	Patient Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.00
38	8	8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00			-280.00	Completed	0.00	0.00	0.00	0.00
			Move	NOTE	Amt Applied to Ded 50.00					Completed				

- Post From Treatme...
- Adjust Deductible
- Adjust Benefits Used
- Enter a Payment
- Add Pat Payment/Adj
- New Insurance Pay...
- Add Ledger Note
- Issue a Patient Refund
- Other Information
- View Details
- View Billing Options
- View Chart
- View Prescriptions
- Claim Information
- Create Claim
- Print
- Print Walk-Out
- Print Family Walk-Out
- Print Statement
- Print Family Statem...
- Print Ledger
- Print Family Ledger

Only Ins Pending

950.00 | 0.00 | 0.00 | 0.00

View Planned Items View Ledger Items

View: Detail - All

12 From the drop-down menu select Payment Receipt

DET DATE	NAME	CODE	DESCRIPTION	PROVIDER	TOOTH SURFACE	AMOUNT	STATUS	INS PD	PAT PD	INS ADJ	PAT ADJ	BAL	INSURANCE 1 PAID	INSURANCE 2 PAID	NOTE
42 9/4/2025	Move	D0150	comprehensive oral evaluation - new or e	TES00		50.00	Completed	0.00	0.00	0.00	0.00	50.00			
42 9/4/2025	Move	D0330	panoramic radiographic image	TES00		300.00	Completed	0.00	0.00	0.00	0.00	300.00			
42 9/4/2025	Move	D7210	extraction erupted tooth requiring remov	TES00	3	100.00	Completed	0.00	0.00	0.00	0.00	100.00			
42 9/4/2025	Move	D7241	removal of impacted tooth - completely b	TES00	16	500.00	Completed	0.00	0.00	0.00	0.00	500.00			
42 9/4/2025	Move	CLAIM	Primary insurance claim printed			0.00	Completed	0.00	0.00	0.00	0.00				
41 9/2/2025	Move	D7240	removal of impacted tooth - completely b	TES00	1	200.00	Completed	0.00	-200.00	0.00	0.00	0.00			
41 9/2/2025	Move	CRTR	credit trans	TES00		-200.00	Completed	0.00	0.00	0.00	0.00				
38 8/25/2025	Move	D7240	removal of impacted tooth - completely b	TES00	12	400.00	Completed	-280.00	-120.00	0.00	0.00	0.00			
38 8/26/2025	Move	PATPAY	Patient Check Payment	TES00		-120.00	Completed	0.00	0.00	0.00	0.00				
38 8/27/2025	Move	INSCHECK	Insurance Check Payment	TES00		-280.00	Completed	0.00	0.00	0.00	0.00				
38 8/25/2025	Move	NOTE	Amt Applied to Ded 50.00				Completed								

Choose a Report X

Print To Printer v

Choose Report Format: v

Print

Only Show Favorite

Name	Modified
Charges in a Date Range	7/23/2024 12:28:00 PM
Patient Statement	4/9/2025 12:32:00 PM
Patient Statement 2021 - Online	8/14/2023 11:10:00 AM
Patient Statement 2021 - Online - No Timer	8/14/2023 9:21:00 AM
Payment Receipt	1/31/2020 4:08:00 PM
School Excuse	12/14/2020 12:10:00 PM

View Ledger Items

View: Detail - All

13 Click "OK"

Code	Description	Provider	Tooth Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance				Entered by	Treatment
											1 Paid	2 Paid	Note			
D0150	comprehensive oral evaluation - new or e	TES00		50.00	Completed	0.00	0.00	0.00	0.00	50.00					2150	
D0330	panoramic radiographic image	TES00		300.00	Completed	0.00	0.00	0.00	0.00	300.00					2150	
D7210	extraction erupted tooth requiring remov	TES00	3	100.00	Completed	0.00	0.00	0.00	0.00	100.00					2150	
D7241	removal of impacted tooth - completely b	TES00	16	500.00	Completed	0.00	0.00	0.00	0.00	500.00					2150	
CLAIM	Primary insurance claim printed			0.00	Completed	0.00	0.00	0.00	0.00							
D7240	removal of impacted tooth - completely b	TES00	1	200.00	Completed	0.00	-200.00	0.00	0.00	0.00					2150	
CRTR	credit trans	TES00		-200.00	Completed	0.00	0.00	0.00	0.00						2150	
D7240	removal of impacted tooth - completely b	TES00	12	400.00	Completed	-280.00	-120.00	0.00	0.00	0.00					2150	
PATPAY	Patient Check Payment	TES00		-120.00	Completed	0.00	0.00	0.00	0.00						2150	
INSCHECK	Insurance Check Payment	TES00		-280.00	Completed	0.00	0.00	0.00	0.00						2150	
NOTE	Amt Applied to Ded 50.00				Completed											

Choose a Report X

Print To Printer v

Choose Report Format: v

Print Preview

Only Show Favorite Reports

Cancel
OK

14 You can select a specific date if you choose

Click OK

me	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Insurance 1 Paid	Insurance 2 Paid	Note	Entered by	Treat
ove	D0150	comprehensive oral evaluation - new or e	TES00			50.00	Completed	0.00	0.00	0.00	0.00	50.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	D0330	panoramic radiographic image	TES00			300.00	Completed	0.00	0.00	0.00	0.00	300.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	D7210	extraction erupted tooth requiring remov	TES00	3		100.00	Completed	0.00	0.00	0.00	0.00	100.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	D7241	removal of impacted tooth - completely b	TES00	16		500.00	Completed	0.00	0.00	0.00	0.00	500.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	D7240	removal of impacted tooth - completely b	TES00	1		200.00	Completed	0.00	-200.00	0.00	0.00	0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	D7240	removal of impacted tooth - completely b	TES00	12		400.00	Completed	-200.00	-120.00	0.00	0.00	0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	PATPAY	Patent Check Payment	TES00			-120.00	Completed	0.00	0.00	0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>			2150
ove	INSCHK	Insurance Check Payment						0.00	0.00	0.00	0.00		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2150
ove	NOTE	Amt Applied to Ded 50.00											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			2150

Report: Payment Receipt

Show all data where the Date is

Show all values of the Date field.

and the Chart Number is equal to DOVMO001

Show all values of the Chart Number field.

OK Cancel

15 This is what a Payment Receipt will look like

Default Data 41353 nw Kijj, AZ 85297 (888) 888-8888	Payment Receipt DOVMO000 - Move Dover Payment Date: 9/2/2025 Invoice: 76
---------------------------------------------------------------------	------------------------------------------------------------------------------------------

Date	Description	Payment
09/02/2025	credit trans	200.00
09/02/2025	D7240 removal of impacted tooth - completely b TES00	(200.00)
Unapplied Amount:		0.00

16 You also have the option to print any of these patient statements from the Report Menu.