

This letter summarizes the dental services documented on the accompanying ADA Dental Claim Form and itemized receipt for Alex J. Morgan. The visit date, CDT codes, tooth information, and fees shown here match the supporting reimbursement packet prepared for out-of-network dental benefit review.

PATIENT INFORMATION

- **Name:** Alex J. Morgan
- **Email:** alex.morgan@example.invalid
- **Phone:** +1 512 555 0184
- **Date of birth:** 04/12/1987

INSURANCE INFORMATION

- **Insurance provider:** Northstar Dental PPO
- **Policy / relation number:** DENT-58290
- **Member ID:** NDP-84021957

EMERGENCY CONTEXT

This appointment was documented as a scheduled dental visit rather than an emergency visit.

TREATMENTS PERFORMED

- **D0150 - Comprehensive oral evaluation:** A comprehensive oral evaluation was documented on May 7, 2026. The clinical record includes review of the patient's reported dental concerns, medical and dental history, oral cancer screening, periodontal screening, occlusion review, and a full intraoral evaluation before treatment decisions were made.
 - Date of service: May 7, 2026.
 - Fee listed on the ADA claim and receipt: US\$85.00.
 - The evaluation established the clinical record used to determine whether diagnostic imaging and restorative care were appropriate.
- **D1110 - Adult prophylaxis:** An adult prophylaxis was completed during the same visit. The sample service reflects removal of plaque, calculus, and surface stain from the teeth, followed by polishing and oral hygiene guidance tailored to the patient's home care routine.
 - Date of service: May 7, 2026.
 - Fee listed on the ADA claim and receipt: US\$95.00.
 - The prophylaxis was documented as routine preventive care and not as periodontal scaling or root planing.
- **D0274 - Bitewing radiographs - four images:** Four bitewing radiographic images were included as diagnostic support. The radiographs document

imaging used to evaluate interproximal surfaces, existing restorations, bone levels, and areas that cannot be assessed visually alone.

- Date of service: May 7, 2026.
- Fee listed on the ADA claim and receipt: US\$70.00.
- Radiographs were included because the diagnostic information supported the evaluation and restorative decision.
- **D2391 - Posterior composite restoration - one surface:** A one-surface posterior composite restoration was documented for tooth #19, occlusal surface. The restoration was placed after the evaluation and diagnostic review identified a localized restorative need on that tooth.
 - Date of service: May 7, 2026.
 - Tooth: #19. Surface: occlusal.
 - Fee listed on the ADA claim and receipt: US\$165.00.
 - The restoration was completed with direct composite material to conservatively restore the affected occlusal surface.

CLINICAL RATIONALE

The appointment combined evaluation, preventive care, limited diagnostic imaging, and a localized posterior restoration. The evaluation and radiographs supported a conservative treatment plan focused on confirming oral health status, completing preventive care, and restoring tooth #19 with a direct composite material rather than a more extensive indirect restoration.

TREATMENT NECESSITY

The restoration line is documented as a conservative one-surface repair for tooth #19 after examination and diagnostic review. The preventive cleaning is listed as routine dental maintenance, while the bitewing radiographs are listed as diagnostic support for the evaluation and restorative decision.

ADDITIONAL NOTES

The accompanying packet includes an ADA Dental Claim Form, itemized receipt, and this support letter. The total across the four listed CDT lines is US\$415.00: D0150 US\$85.00, D1110 US\$95.00, D0274 US\$70.00, and D2391 US\$165.00. Hisonrisa does not bill insurers directly for this out-of-network reimbursement process. The patient would submit the packet to the insurer as out-of-network dental care and follow the plan's reimbursement process. Coverage, deductibles, annual maximums, waiting periods, missing-tooth clauses, alternate benefit rules, and documentation requirements remain the responsibility of the insurer and the patient's plan.

FINANCIAL DETAILS

- **Total:** US\$415.00
- **Payment method:** Visa ending 4242
- **Status:** Paid

PROVIDER DETAILS

- **Attending dentist:** Mariana Solis, DDS
- **Credentials:** DDS
- **License:** CDMX-2481
- **Clinic:** HISONRISA S.A. DE C.V.
- **RFC:** HIS2505096M5
- **Clinic Address:** Tepic 139-706, Roma Sur, Cuauhtémoc, 06760 Ciudad de México, CDMX
- **Contact:** +52 55 2714-1844 · hi@hisonrisa.com

CLOSING

Please contact our office if the claims review team needs clarification about the listed dates of service, CDT codes, itemized fees, or provider information included in this reimbursement packet.