@rtho**Fi**

PPO Process

Select applicable additional charges per carrier rules. When allowed by the carrier, including records can help minimize the in-network discount taken by the provider and maximize the reimbursement for your patient.

NOTE: Patient: Lilly Flower **Exam Details** *IF you are unsure what you may charge Treatment Coordinator additionally for, please contact provider relations for EACH network to confirm Dr. sially Responsible Person adjunctive services allowed in conjunction Larry Flower with treatment M26.212: Malocclusion, Angle's class II 📀 Search Diagnosis Codes. **Treatment Selection** 1 Begin by making your 'Treatment Selections' Treatment Type Comprehensive Adolescent Dentition -Severity Comp 2 Treatment Option Braces reatment Tab Labe Comprehensive Braces 2 Open '+Add New' Treatment Length 18 to 24 months 'The below window appears after OPEN FEE DETAILS Treatment Fee + ADD NEW "Add New" is 'clicked; Description Include in Fee Remov Add Additional Costs *Optional* lect all additional costs that apply to this treatment. Ś 5,900.00 Comprehensive Treatment Select the 0.00 Braces Fee Ś applicable T <1 Jaw Cone Beam CT, Ma Panoramic Film Include Ś 150.00 'Additional m CT, TMJ Se n CT, Both Jaws 167.00 Ś Cephalometric Film Include Costs': Oral/Facial Photo Images 94.00 Include Ś î . . 'Click' CLOSE Courtesies + ADD NEW Create One-Time Additional Cost (optional) dditional Cost will be created one-time for this patient only Percent \$ Amount Include in Fee ADD Total Network Discount 16.10% 950.00 Estimated Insulance Benefits Onen Insuran Status 1,500.00 etlife Ø Complete DUPLICATE TREATMENT

A Make sure to Include all of the record fees

REMOVE TREATMENT