

DR ADAM ALFORD

Provider Number:

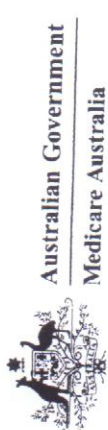
Provider Address:

Internal Reference Number:

Review Period: 1 November 2007 to 31 October 2009

Chronic Disease Dental Scheme

Verification Schedule - Patient



Patient Signature: .....

Date: .....

| Patient surname | Patient first name | Patient DOB | Patient Medicare number | Date of service | Item code | Item descriptor                                                   | Benefit paid | Service received? Y/N |
|-----------------|--------------------|-------------|-------------------------|-----------------|-----------|-------------------------------------------------------------------|--------------|-----------------------|
|                 |                    |             |                         | 8/08/2008       | 85011     | Comprehensive oral examination.                                   | \$40.50      |                       |
|                 |                    |             |                         | 8/08/2008       | 85022     | Intraoral periapical or bitewing radiograph - per exposure        | \$26.50      |                       |
|                 |                    |             |                         | 8/08/2008       | 85022     | Intraoral periapical or bitewing radiograph - per exposure        | \$26.50      |                       |
|                 |                    |             |                         | 8/08/2008       | 85022     | Intraoral periapical or bitewing radiograph - per exposure        | \$26.50      |                       |
|                 |                    |             |                         | 8/08/2008       | 85037     | Panoramic radiograph - per exposure                               | \$72.35      |                       |
|                 |                    |             |                         | 8/08/2008       | 85728     | Partial mandibular denture - cast metal framework (includes pro   | \$1,080.70   |                       |
|                 |                    |             |                         | 8/08/2008       | 85733     | Tooth/teeth (partial denture).                                    | \$34.95      |                       |
|                 |                    |             |                         | 8/08/2008       | 85733     | Tooth/teeth (partial denture).                                    | \$34.95      |                       |
|                 |                    |             |                         | 8/08/2008       | 85733     | Tooth/teeth (partial denture).                                    | \$34.95      |                       |
|                 |                    |             |                         | 26/08/2008      | 85022     | Intraoral periapical or bitewing radiograph - per exposure        | \$26.50      |                       |
|                 |                    |             |                         | 26/08/2008      | 85121     | Topical application of remineralising agent - one treatment.      | \$26.55      |                       |
|                 |                    |             |                         | 26/08/2008      | 85141     | Oral hygiene instruction.                                         | \$38.00      |                       |
|                 |                    |             |                         | 26/08/2008      | 85222     | Root planing and subgingival curettage - per eight teeth or less. | \$99.90      |                       |
|                 |                    |             |                         | 26/08/2008      | 85222     | Root planing and subgingival curettage - per eight teeth or less. | \$99.90      |                       |
|                 |                    |             |                         | 26/08/2008      | 85415     | Complete chemo-mechanical preparation of root canal - one ca      | \$164.40     |                       |
|                 |                    |             |                         | 26/08/2008      | 85416     | Complete chemo-mechanical preparation of root canal - each a      | \$78.35      |                       |
|                 |                    |             |                         | 26/08/2008      | 85416     | Complete chemo-mechanical preparation of root canal - each a      | \$78.35      |                       |
|                 |                    |             |                         | 26/08/2008      | 85416     | Complete chemo-mechanical preparation of root canal - each a      | \$78.35      |                       |
|                 |                    |             |                         | 10/09/2008      | 85417     | Root canal obturation - one canal.                                | \$119.50     |                       |
|                 |                    |             |                         | 10/09/2008      | 85613     | Full crown - non metallic - indirect.                             | \$1,031.15   |                       |
|                 |                    |             |                         | 10/09/2008      | 85613     | Full crown - non metallic - indirect.                             | \$1,031.15   |                       |