1213 14th ST, Lot #99
KEY WEST, FL 33040
305-293-9199

RECEIVED
2011 FEB 23 AM 11:00
KEY WEST, FLORIDA

**CITY OF KEY WEST**

**STREET PERFORMER**

A PERMIT #:PER-29
**David Malloy**
Playing guitar and drums

EXPIRATION DATE:12/15/2008

**CITY OF KEY WEST**

**STREET PERFORMER**

A PERMIT #:PER-50
**David Malloy**
Play guitar, sing, comedy

EXPIRATION DATE:12/15/2009

**CITY OF KEY WEST**

**STREET PERFORMER**

A PERMIT #:PER-07
**David Malloy**
Singing, plays guitar

EXPIRATION DATE:12/15/2005

**CITY OF KEY WEST**

**STREET PERFORMER**

A PERMIT #:PER-11
**David Malloy**
plays guitar

EXPIRATION DATE:12/15/2006

**CITY OF KEY WEST**

**STREET PERFORMER**

A PERMIT #:Per-41
**David Malloy**
Singing, playing guitar and drums, comedy
EXPIRATION DATE:12/15/2010

**CITY OF KEY WEST**

**STREET PERFORMER**

A PERMIT #:PER-44
**David Malloy**
Plays guitar, reads literature

EXPIRATION DATE:12/15/2007

Cheri Smith, (City Clerk)

Please accept my petition for A 2011 Street Musician/Comedian I.D. card. The reverse of this note is my Dental appointments that hindered me presence in November. Also here is A copy of my Street Performer Permit from last year.

Thanks, David Malloy

**SECTION A** | **NEON DENTAL SERVICES**

47990 — Bhatia DDS, Pr
Malloy, David — 194215
9835 Memphis Ave Apt 6 — Grant Patient
Cleveland, OH 44144
09/28/74
03/23/10

nale ☐ female

Financial Guarantor

**COMMERCIAL & SELF-PAY ACCOUNT & TREATMENT RECORD**

Dentist Name: DR Bhatia Johnson
Dentist Provider ID Number:
Hygienist Name:
Hygienist Provider ID Number:
Estimated Number of Visits to Complete:
RECALL DATES:

Check Health Center: ☒ Hough ☐ Superior ☐ Collinwood ☐ East Cleveland ☐ Southeast

**SECTION B** — **DENTAL PAYMENT INFORMATION:**

| PAYMENT SOURCE | DATE | RECEIPT NUMBER | NEON CHARGE | PERCENT REVENUE ADJUSTMENT | PATIENT PAID | BALANCE |
|---|---|---|---|---|---|---|
| ☐ Subsidy, Levels 3 & 4 | 4/21/10 | 207143 | | | 165 30 | 165 30 |
| ☐ Partial Pay, Levels 1, 2, 3, 4 | | | | | | |
| ☐ Partial Pay, Levels 3 & 4 | 5/5/10 | | 296 – | | 98 80 | 197 20 |
| ☑ Patient Pays 100%, All Levels | 5-14-10 | 218488 | | | 98 80 | 29 60 |
| ☐ Private Insurance | 5-18-10 | 219328 | | | 108 60 | |
| ☐ DMO | | | | | | |
| ☐ Per Visit Charge | 6/1/10 | 225250 | | | 79 – | |
| ☐ Co-Pay: Amt: $ ____ | 6-15-10 | 231806 | | | 81 – | |
| | 11-22-10 | | | | 165 30 | |

**SECTION C** — **EXAMINATION & TREATMENT - List in order of tooth number 1 through 32 or A through T**

| Tooth No. | Surface | Proceedure Code | DESCRIPTION OF SERVICE | DATE | NEON CHARGE | Patient Obligation | Insurance Paid | Patient Paid | Fee Next Treatment | Next Visit Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | | D0150 | Comp Exam | 3/23/10 | | 10 00 | | | | |
| | | D0330 | Pan | 3/23/10 | | 0 | | | | |
| | | D0274 | 4 Bitewings | 3/23/10 | | 0 | | | | |
| | | D0110 | Prophy | | | 10 00 | | | | |
| 12 | | D3320 | Root canal | | | 237.00 | | | | |
| 12 | | D2752 | Crown | | | 330 60 | | | | |
| 14 | | D7140 | Extraction | | | 10 00 | | | | |
| 20 | DO | D2150 | Amal | | | 43 20 | | | | |
| 4 | Mod | D2160 | Amalgam | | | 54.00 | | | | |
| 5 | Mod | D2160 | Amalgam | | | 54.00 | | | | |
| 13 | mod | D2160 | Amalgam | | | 54.00 | | | | |
| 3 | MoL | D2393 | Composite | | | 72.00 | | | | |
| 18 | MO | D2392 | Composite | | | 52.60 | | | | |
| | | | | Totals $ | | | | | | |

☞ **I certify that I have been informed of treatment options and have agreed to the above treatment plan.**
☞ **I accept financial responsibility for dental services rendered and understand that payment is due at time of service.**

| David Malloy | | CE | |
|---|---|---|---|
| Patient's Signature | Dentist's Signature | Dental Assistant's Sig/Initials | Date Tx Completed |

| CREATED 10/2001 | Beige Hard & White Copy to DPR | Yellow Copy remains in chart until COMPLETION. | White & Beige Hard Copies FLOAT between DPR and Dentist | UPON COMPLETION OF SERVICES, White Copy remains in chart. Yellow & Beige Hard Copies are filed with DPR. |
|---|---|---|---|---|

## SECTION A

# NEON DENTAL SERVICES

**COMMERCIAL & SELF-PAY ACCOUNT & TREATMENT RECORD**

PATIENT NAME:

47990 Bhatia DDS, Pr
Malloy, David 194215
9835 Memphis Ave Apt 8 Grant Patient
Cleveland, OH 44144
09/28/74
03/23/10

ale ☐ female

Dentist Name: DR Bhatia
Dentist Provider ID Number:
Hygienist Name:
Hygienist Provider ID Number:
Estimated Number of Visits to Complete:
RECALL DATES:

Check Health Center: ☑ Hough ☐ Superior ☐ Collinwood ☐ East Cleveland ☐ Southeast

## SECTION B — DENTAL PAYMENT INFORMATION:

**PAYMENT SOURCE**

- ☐ Subsidy, Levels 3 & 4
- ☐ Partial Pay, Levels 1, 2, 3, 4
- ☐ Partial Pay, Levels 3 & 4
- ☑ Patient Pays 100%, All Levels
- ☐ Private Insurance
- ☐ DMO
- ☐ Per Visit Charge
- ☐ Co-Pay: Amt: $______

| DATE | RECEIPT NUMBER | NEON CHARGE | PERCENT REVENUE ADJUSTMENT | PATIENT PAID | BALANCE |
|---|---|---|---|---|---|
| 4/13/10 | 203501 | | | 81.00 | |

## SECTION C — EXAMINATION & TREATMENT - List in order of tooth number 1 through 32 or A through T

| Tooth No. | Surface | Procedure Code | DESCRIPTION OF SERVICE | DATE | NEON CHARGE | Patient Obligation | Insurance Paid | Patient Paid | Fee Next Treatment | Next Visit Date |
|---|---|---|---|---|---|---|---|---|---|---|
| 30 | | D2950 | Corebuild-up | 4/14/10 | | 81.00 | | | | |
| 30 | | D2752 | Crown | | | 330.60 | | | | |
| 21 | DO | | Amalgam | | | 43.20 | | | | |
| 12 | | D2950 | Corebuildup | | | 81.00 | | | | |
| 30 | | | Prep | 4/21/10 | | | | | 165.30 | |
| | | | Insert | | | | | | 165.30 | |
| 14 | | 3330 | endo | 5/7/10 | | 296.40 | | | | |
| | | | Start 98.00 5 | 5/5/10 | | | | | | |
| | | | Finup | 5/14/10 | | | | | | |
| | | | All | 6/1/10 | | | | | | |
| 14 | | D2752 | Crown Porcelain | | | 330.00 | | | | |
| | | | | Totals $ | | | | | | |

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| David Malloy | | | |
|---|---|---|---|
| Patient's Signature | Dentist's Signature | Dental Assistant's Sig/Initials | Date Tx Completed |

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|---|---|---|---|---|

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| SECTION A | NEON DENTAL SERVICES | Dentist Name: Dr Johnson |
|---|---|---|
| PATIENT 47990 Johnson DDS, I | COMMERCIAL & | Dentist Provider ID Number: |
| Malloy, David 241425 | SELF-PAY | Hygienist Name: |
| 9835 Memphis Ave Apt 6 Grant Patient | ACCOUNT & | Hygienist Provider ID Number: |
| MR #: Cleveland, OH 44144 | TREATMENT | Estimated Number of Visits to Complete: |
| Phone#: 09/28/74 Patient female | RECORD | RECALL DATES: |
| Financial 07/07/10 | | |

**Check Health Center:** ☐ Hough ☐ Superior ☐ Collinwood ☐ East Cleveland ☐ Southeast

## SECTION B — DENTAL PAYMENT INFORMATION:

| PAYMENT SOURCE | | DATE | RECEIPT NUMBER | NEON CHARGE | | PERCENT REVENUE ADJUSTMENT | PATIENT PAID | | BALANCE | |
|---|---|---|---|---|---|---|---|---|---|---|
| ☒ Subsidy, | Levels 3 & 4 | 7/7/10 | | 296 | 40 | | 98 | 80 | 197 | 40 |
| ☐ Partial Pay, | Levels 1, 2, 3, 4 | | | | | | | | | |
| ☐ Partial Pay, | Levels 3 & 4 | 7-13-10 | | | | | 98 | 80 | 99 | 60 |
| ☐ Patient Pays 100%, All Levels | | 7-21-10 | | | | | 99 | 60 | ∅ | |
| ☐ Private Insurance | | 8-11-10 | | | | | 100 | 80 | | |
| ☐ DMO | | | | | | | | | | |
| ☐ Per Visit Charge | | 8-30-10 | | 216 | 40 | | 98 | 80 | | |
| ☐ Co-Pay: Amt: $ | | | | | | | | | | |
| | | 9-10-10 | | 330 | 60 | | 167 | 30 | 165 | 30 |
| | | 9-22-10 | | | | | 98 | 80 | | |
| | | 10-7-10 | | | | | 165 | 30 | ∅ | |
| | | 10-21-10 | | 81 | — | | 81 | — | ∅ | |

## SECTION C — EXAMINATION & TREATMENT - List in order of tooth number 1 through 32 or A through T

| Tooth No. | Surface | Proceedure Code | DESCRIPTION OF SERVICE | DATE | NEON CHARGE | Patient Obligation | Insurance Paid | Patient Paid | Fee Next Treatment | Next Visit Date |
|---|---|---|---|---|---|---|---|---|---|---|
| 31 | | 33 | Endo | | 296 40 | | | | | |
| | | | ① visit 98.80 | 7-7-10 | | | | | | |
| | | | ② visit 98.80 | 7-13-10 | | | | | | |
| | | | ③ visit 98.80 | 7-21-10 | | | | | | |
| ~~14~~ | ~~OL~~ | | ~~Comp 2 Surf.~~ | ~~8/30/10~~ | | | | | | |
| 14 | | 2950 | b/u p | 10/21/10 | | 81 00 | | | | |
| | | | | 10/28/10 | | | | | | |
| 30 | | D3330 | Root Canal 2 | 11/3/10 | | | | | | |
| | | | RCT Finish Fill | | | | | | | |
| 14 | | | Start Crown #14 | 11/22/10 | | | | | | |
| 14 | | | Crown Insert. | 12/21/10 | | | | | | |
| | | | | | | | | | | |
| 31 | 1 | 8 | comp. 1 | 12/7/10 | | | | | | |
| | | | | Totals $ | | | | | | |

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| David Malloy | | [signature] | |
|---|---|---|---|
| Patient's Signature | Dentist's Signature | Dental Assistant's Sig/Initials | Date Tx Completed |

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|---|---|---|---|---|

| SECTION A | NEON DENTAL SERVICES | Dentist Name: |
|---|---|---|
| 47990 Johnson DDS, I<br>Malloy, David 321434<br>9835 Memphis Avenue 8 Grant Patient<br>Cleveland, OH 44144<br>09/28/74 Patient ☐ male ☐ female<br>12/21/10 | COMMERCIAL & SELF-PAY ACCOUNT & TREATMENT RECORD | Dentist Provider ID Number:<br>Hygienist Name:<br>Hygienist Provider ID Number:<br>Estimated Number of Visits to Complete:<br>RECALL DATES: |

Check Health Center: ☐ Hough ☐ Superior ☐ Collinwood ☐ East Cleveland ☐ Southeast

## SECTION B — DENTAL PAYMENT INFORMATION:

| PAYMENT SOURCE | DATE | RECEIPT NUMBER | NEON CHARGE | PERCENT REVENUE ADJUSTMENT | PATIENT PAID | BALANCE |
|---|---|---|---|---|---|---|
| ☐ Subsidy, Levels 3 & 4 | 12-21-10 | | | | 165 30 | |
| ☐ Partial Pay, Levels 1, 2, 3, 4 | | | | | | |
| ☐ Partial Pay, Levels 3 & 4 | | | | | | |
| ☐ Patient Pays 100%, All Levels | | | | | | |
| ☐ Private Insurance | | | | | | |
| ☐ DMO | | | | | | |
| ☐ Per Visit Charge | | | | | | |
| ☐ Co-Pay: Amt: $______ | | | | | | |

## SECTION C — EXAMINATION & TREATMENT - List in order of tooth number 1 through 32 or A through T

| Tooth No. | Surface | Proceedure Code | DESCRIPTION OF SERVICE | DATE | NEON CHARGE | Patient Obligation | Insurance Paid | Patient Paid | Fee Next Treatment | Next Visit Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | Totals $ | | | | | | |

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