# Bento & **DENTRIXENTERPRISE**

## Configuration Document:

While practices can configure their new membership, plans powered by Bento however best suits their practice needs, Bento recommends the following configuration for fast, easy setup within Dentrix.

\*Bento can support all live connections that are authorized for your practice by Dentrix eServices team.

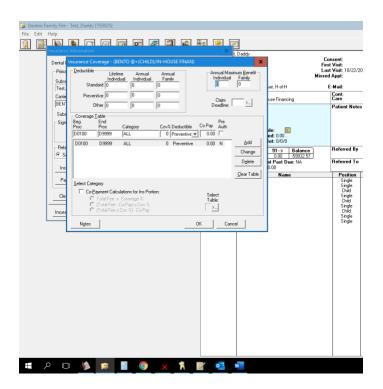
### Step 1:

Add the Membership Plan(s) you built in Bento Into Dentrix

| 🔞 Dentrix Fa | amily File - Test, Daddy [Tf                               | 025]   |   |
|--------------|--|--|---|
| File Edit    | Help   |  |   |
| N A          | Insurance Information                                      |  |   |
|              | Dental Insurance Medic<br>Primary Insurance<br>Subscriber: | Insurance I<br>frimary Dental Insurance Plan Information  Carrier Name: BENTO @+(CHILD) * 13:21  >   | Consent:<br>First Visit:<br>Last Visit: 1<br>Missed Appt: |
|              | Test, Daddy  | Group Plan: IN HOUSE EINANCING   | Guar, H-of-H E-Mail:                                      |
|              | Carrier:<br>BENTO @+(CHILD) * 1                            | Dyer   | House Financing Cont.                                     |
|              | Subscriber ID #:   | Street Address:  | Patient   |
|              | Signature on File<br>Release of Info<br>Assignment of      | Phone: Ext.  | jible: E<br>Jsed: 0.00<br>Met: 0/0/0                      |
|              | Relation to Subscriber                                     | Contact: ->90<br>Group #: Local: ->90  |   |
|              | Gelf ○ Spouse ○  | 0.00   | 0.00 -59932.57<br>Amt Past Due: NA Referre                |
|              | Insurance Data   | Benefit Renewal: January V   | t: 0.00 Pos   |
|              | Payment Table  | Claim Eormat DX2007  Claim Setup addy ommy   | Sin Sin   |
|              | Clear Primary  | Fee Schedule:         NDNE>         >         Alt Cogle:         ADA         Pen           Payor ID:         >         Provider ID Setup         y Bitty                                   | Ch<br>Sin<br>Ch   |
|              | Insurance Claim Informa                                    | National Plan ID: ew<br>source of Payment Commercial Insurance Co.   | Sin<br>Ch<br>Sin<br>Sin                                   |
|              |  | Insurance Claig Options  Insurance Claig Options  Do Not Include Dental Diagnostic Codes  Do Not Bill to Dental Insurance  Print Name for Provider's Signature on Claims  Elear  OK Cancel |   |
|              |  |  |   |

## Step 2:

Add Your Coverage Table (fee's are set to \$0 and additional identifier e.g. D0120-b can be added to code names)



Family File Example:

| 😰 Dentrix Family File - Test, Daddy [TE0025] |  |  |
|--|--|--|
| File Edit Help                               |  |  |
| 🕅 📓 📡 🗖 🖅 🖾 📓 🛸                              |  |  |
|  | Name: Test, Daddy Chart #: TE0025 Address: Consent: SS#:                                       |  |
|  | , First Visit: DL#:  |  |
|  | Last Visit: 10/22/2014 Birthday: 07/22/1956, 64 Phone: Missed Appt: Provider: 6000             |  |
|  | Status: Non-Pat, M, Single, Guar, Ins, H-of-H E-Mail:  |  |
|  |  |  |
|  | Alerts in-House Financing Care   |  |
|  | Primary Dental Insurance Patient Notes Company: BENTO @+(CHILD) * 13-21                        |  |
|  | Group Plan: IN-HOUSE FINANCING   |  |
|  | Group #:<br>Fee Sched: Eligible: E (No Note)   |  |
|  | Coverage: 0.00 Used: 0.00<br>Ded. S/P/D: 0/0/0 Met: 0/0/0                                      |  |
|  | 0->30 31->60 61->90 91-> Balance Referred By   |  |
|  | -59932.57 0.00 0.00 -59932.57  |  |
|  | Payment Amt: NA Amt Past Due: NA Referred To Bill Type: 1 Last Payment: 0.00                   |  |
|  | Status Name Position Gender Patient Birthday   |  |
|  | HofH Guar Ins Test, Daddy Single Male No 07/22/1956<br>Test, Mommy Single Female No 10/27/1955 |  |
|  | Test, Teen Child Male Yes 06/06/2000<br>Test, JR Single Male Yes 11/25/2000                    |  |
|  | Ins Test, Itty Bitty Child Male Yes 01/01/2001<br>Test, New Single Male Yes 01/01/2004         |  |
|  | Ins Test, Baby Child Male Yes 04/04/2005   |  |
|  | Wheeler, Jon Single Male No<br>Test, Dr Single Male No   |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Step 3:

Add your Membership plan services to patient ledger.

\*Optional, Add a Flag or Note to patient record that is enrolled in your membership plan(s) as a reminder to get paid through Bento (<u>dentists.bento.net/signin</u>).

|     | Dentrix | : Ledger + H           | listory - T                                   | lest, Da | ddy [TE00     | 025]                          |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  | - |   | x |
|-----|---------|------------------------|---|----------|---------------|-------------------------------|---------------|-------------------------|----------------|------------|------------------------------------|------------------|---|--------|----------------|---------|----------|----------|----------------------|--|---|---|---|
| Fil | e Optic | ons View               | Transac                                       | tion     | Insurance     | Print                         | Tasl          | k Schedu                | ler (Mont      | h En       | d) Help                            |                  |   |        |                |         |          |          |                      |  |   | _ |   |
| 1   | 3       |                        |   | -        |               |                               | G             | R                       | 2              | ]          | 🔏 🖪                                | L.               |   | 5      | INS            |         |          | <b>K</b> | 2                    |  |   |   |   |
| Da  | ite     | Name                   |   |          | Tooth         | Surface                       | 2 (           | Check #                 | Code           | *          | Description                        |                  |   | N      | R D            | M       | Amount   | Prov     | Ins                  |  |   |   |   |
|     |         | Daddy Tes              |   |          |               |                               |               |                         | Adj            |            | Write-Off                          |                  |   |        |                |         | -166.00  |          |                      |  |   |   |   |
|     |         | Daddy Tes<br>Daddy Tes |   |          |               |                               |               |                         | D0120<br>D1120 |            | Bento Membershi<br>Bento Membershi |                  |   |        |                |         |          | 0 6000   | XX                   |  |   |   |   |
|     |         | Daddy Tes<br>Daddy Tes |   |          |               |                               |               |                         | D1120          |            | Bento Membershi                    |                  |   |        |                |         |          | 0 6000   | x                    |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
| _   |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          |               |                               |               |                         |                |            |                                    |                  |   |        |                |         |          |          |                      |  |   |   |   |
|     |         |                        |   |          | 0.12          | 0 01                          |               | C1 . 0                  | 01.            | -          | F 1 B I                            | -                |   | _      | _              | _       |          |          |                      |  |   | _ |   |
|     |         |                        |   |          | 0>3<br>-59932 | 10 31<br>1.57 0.0             |               | <b>61&gt;90</b><br>0.00 | <b>91&gt;</b>  |            | Family Balance<br>-59932.57        | Es               | day's Char<br>t. Dental I<br>t. Patient F | ns. Pa |                |         |          | (        | ).00<br>).00<br>).00 |  |   |   |   |
|     |         |                        |   | Billing  | Type (1       | ) Star                        | ndard Billing | g                       |                |            | 1                                  | Pa               | yment                                     | Agree  | ment           | Summary |          |          |                      |  |   |   |   |
|     |         |                        |   |          | Last In       | ayment<br>ns. Paym<br>tatemen |               |                         |                | 0.0<br>0.0 | o n.                               |                  | it Amount<br>it Past Due                  |        | NA Pm<br>NA Du | t Due   |          |          | NA<br>NA             |  |   |   |   |
|     |         |                        |   |          | Outsta        | anding Bi                     | illed t       | to Medica               |                | il I       | 0.00/                              | 0.00             |   |        | Payme          | ent Pla | ans Summ | arv      |                      |  |   |   |   |
|     |         |                        |   |          | Family        | Portion                       | of Ba         |                         |                |            | -5993                              | 0.00<br>2.57 Ori | iginal Bal.<br>main Bal.                  | 0.00   | Paym           | ent     |          |          | 0.00                 |  |   |   |   |
|     |         |                        | * Based on Pending Claims and Today's Charges |          |               |                               |               |                         |                |            | ne                                 | malli u dl.      | 0.00                                      | Duel   | aic            |         |          |          |                      |  |   |   |   |

#### Step 4: Launch <u>dentists.bento.net/signin</u> and checkout the patient.

| B bento Dentis  | tist Portal Practice ID: P8213612 LC  | GOUT |
|---|---|------|
| Find a Patient<br>Appointments<br>Locations & Doctors | Find a Patient  |      |
| Membership Plans<br>Marketing Kit                     | 01/01/1990 🖬 Member ID Scott First Name   |      |
| Enroll A Patient                                      | Last Name         First Name         Middle Name         Status         Plan         Purchased Your Plan           scott         Michael         Active         Boston Sindes Preventative Plan         VIEW         BENTO CHECKOUT |      |
| Non-Bento Member<br>Bento Member<br><b>Reports</b>    |   |      |
| Account<br>Practice Information                       |   |      |
| Banking Information                                   |   |      |

Bento stores the patient/family method of payment on file at the time of purchase allowing the platform to handle plan status, auto-renewals, payment

# processing, plan utilization tracking, service discounts outside the plan, and plan enrollment through portal or patient mobile experience.

#### Reporting:

Bento Payout Reports are accessible on a practice level and can be rolled up to an administrative level if preferred.

| A                                  | в               | с                                 | D               | E                        | F                     | G                  | н                               | 1           | 1            | К          | L              | м           | N              | 0               | P                    | Q                          | R           | S             |
|------------------------------------|-----------------|-----------------------------------|-----------------|--------------------------|-----------------------|--------------------|---------------------------------|-------------|--------------|------------|----------------|-------------|----------------|-----------------|----------------------|----------------------------|-------------|---------------|
| Bento Dentist Payments Report      |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Boston Smiles                      |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| 01/01/2020 To 01/22/2020           |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Revenue From Services              | \$13,858.22     |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Revenue From Monthly Plan Payments | \$1,024.54      |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Total Revenue                      | \$14,882.76     |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Payments for Services              |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Payment Date                       | Date of Service | Invoice Number                    | Patient Name    | Doctor                   | Total Expected Payout | Services Performed | Plan Name                       | Plan Pavs   | Plan Payme   | Plan Pay D | er Plan Pay Bu | Plan Pay Du | t Patient Paus | Credit Card Fee | Patient Pay Less Fee | Patient Pay Deposit Status | Patient Pay | E Patient Pay |
| 1/22/20                            |                 | P8213612-20200122-00001           | Chase Diliberto | John Blumenthal          |                       |                    | Boston Smiles Preventative Plan |             |              | N/A        | N/A            | N/A         | \$115.00       | \$3.44          | \$111.56             |                            | N/A         | N/A           |
|                                    | 1/11/11         |                                   |                 |                          | ,                     | D1110              |                                 | \$0.00      |              |            |                |             | \$0.00         |                 | ,                    |                            |             |               |
|                                    |                 |                                   |                 |                          |                       | 02330              |                                 | \$0.00      |              |            |                |             | \$115.00       |                 |                      |                            |             |               |
| 1/22/20                            | 1/22/20         | P8213612-20200122-00002           | Chase Diliberto | John Blumenthal          | \$136.78              |                    | Boston Smiles Preventative Plan |             |              | N/A        | N/A            | N/A         | \$141.00       | \$4.22          | \$136.78             | N/A                        | N/A         | N/A           |
| 1/22/20                            |                 | P8213612-20200122-00010           | Landon Lemoine  | John Blumenthal          |                       |                    | ADM Preventative Plan           | \$0.00      |              | N/A        | N/A            | N/A         | \$178.00       | \$5.32          | \$172.68             |                            | N/A         | N/A           |
| \$72.2720                          | 1/22/20         | 10110011 10100121-00010           | Carroon Languna | Permit and international | 3172.08               | D1110              | recta rise and rise             | \$0.00      |              | - April -  | - appen        | - April     | \$0.00         | 22.54           | 3172.08              |                            |             |               |
|                                    |                 |                                   |                 |                          |                       | 02150              |                                 | \$0.00      |              |            |                |             | \$178.00       |                 |                      |                            |             |               |
| 1/22/20                            | 1/22/24         | P8213612-20200122-00011           | Michael scott   | John Blumenthal          | \$162.11              |                    | Boston Smiles Preventative Plan |             |              | N/A        | N/A            | N/A         | \$165.00       | \$2.89          | \$162.11             | ai /a                      | N/A         | N/A           |
| \$722720                           | 1/22/20         | P8213012-20200122-00011           | MICHael SCOTL   | John Biumeninal          | 5192.11               | 00150              | BOSTON STRIES PREVENTALIVE Fram | \$0.00      |              | m/m        | m/m            | 11/10       | \$64.00        | \$2.89          | 5102.11              | n/n                        | n/n         | n/A           |
|                                    |                 |                                   |                 |                          |                       | 00130              |                                 | \$0.00      |              |            |                |             |                |                 |                      |                            |             |               |
| 10000                              | 10000           |                                   |                 |                          | 4100.00               |                    |                                 |             |              |            |                | N/A         | \$101.00       | 45.11           | 4155.00              | a. In                      | a. (a       | 21.64         |
| 1/22/20                            | 1/22/20         | P8213612-20200122-00012           | Michael scott   | John Blumenthal          | \$165.89              |                    | Boston Smiles Preventative Plan |             |              | N/A        | N/A            | N/A         | \$171.00       | \$5.11          | \$165.89             | N/A                        | N/A         | N/A           |
|                                    |                 |                                   |                 |                          |                       | D1110              |                                 | \$0.00      |              |            |                |             | \$71.00        |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       | D0120              |                                 | \$0.00      |              |            |                |             | \$36.00        |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       | D0150              |                                 | \$0.00      |              |            |                |             | \$64.00        |                 |                      |                            |             |               |
| 1/22/20                            | 1/22/20         | P8213612-20200122-00034           | Chase Diliberto | John Blumenthal          | \$69.76               |                    | Boston Smiles Preventative Plan |             |              | N/A        | N/A            | N/A         | \$71.00        | \$1.24          | \$69.76              | N/A                        | N/A         | N/A           |
|                                    |                 |                                   |                 |                          |                       | D1110              |                                 | \$0.00      |              |            |                |             | \$71.00        |                 |                      |                            |             |               |
| 1/22/20                            | 1/22/20         | P8213612-20200122-00035           | Jesse Diliberto | John Blumenthal          | \$920.60              | Total              | Alabama Smiles Oral Wellness P  |             |              | N/A        | N/A            | N/A         | \$937.00       | \$16.40         | \$920.60             | N/A                        | N/A         | N/A           |
|                                    |                 |                                   |                 |                          |                       | D1110              |                                 | \$0.00      |              |            |                |             | \$0.00         |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       | D2740              |                                 | \$0.00      |              |            |                |             | \$937.00       |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Plan Payments                      |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
| Payment Date                       | Payer Name      | Plan Name                         | Payment Type    | Amount                   | Bento Fee             | Credit Card Fee    | Net Amount to Dentist           | Date of Dep | a Bulk Depos | iit Amount |                |             |                |                 |                      |                            |             |               |
| 1/22/20                            | Chase Diliberto | Boston Smiles Preventative Plan   | monthly         | 25                       |                       | 0.4                | 4 19.3                          | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
| 1/22/20                            | Michael scott   | Boston Smiles Preventative Plan   | monthly         | 25                       |                       | 0.4                | 4 19.3                          | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
| 1/22/20                            | Landon Lemoine  | ADM Preventative Plan             | monthly         | 25                       |                       | 0.4                | 4 19.3                          | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
|                                    | Jesse Diliberto | Alabama Smiles Oral Wellness Plan | monthly         | 33.37                    |                       | 0.5                | 8 27.3                          | 9 None      | None         |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 | Boston Smiles Preventative Plan   | vearly          | 300                      |                       | 5.2                |                                 | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
|                                    | Teddy Diaz      | Boston Smiles Preventative Plan   | vearly          | 300                      | 60                    | 5.2                |                                 | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
|                                    | Fran Diaz       | Boston Smiles Preventative Plan   | vearly          | 300                      |                       |                    |                                 | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
|                                    | Patty Diaz      | Boston Smiles Preventative Plan   | yearly          | 300                      |                       |                    |                                 | 5 None      | None         |            |                |             |                |                 |                      |                            |             |               |
| 1/11/10                            |                 |                                   |                 | 500                      |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |
|                                    |                 |                                   |                 |                          |                       |                    |                                 |             |              |            |                |             |                |                 |                      |                            |             |               |

#### Bento Membership Reports provide an overview of all patients participating in your membership plan(s).

| A                                  | В                    | C              | D             | E                                 | F              | G           | н                 | 1            | J   | K | L | M | N |
|------------------------------------|----------------------|----------------|---------------|-----------------------------------|----------------|-------------|-------------------|--------------|-----|---|---|---|---|
| Bento In-Office Plan Member Report |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| 1/22/20                            |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| Practice Name                      | <b>Boston Smiles</b> |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| In-Office Plan Search Code         | 685296               |                |               |                                   |                |             |                   |              |     |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| Total Revenue To-Date              | \$2,925.37           |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| Total Active Members               | 8                    |                |               |                                   |                |             |                   |              |     |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| Plans                              | Status               | Active Members |               |                                   |                |             |                   |              |     |   |   |   |   |
| ADM Preventative Plan              | Active               | 1              |               |                                   |                |             |                   |              |     |   |   |   |   |
| Alabama Smiles Oral Wellness Plan  | Active               | 1              |               |                                   |                |             |                   |              |     |   |   |   |   |
| Boston Smiles Preventative Plan    | Active               | 6              |               |                                   |                |             |                   |              |     |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
| Name                               | Member ID            | Status         | Purchase Date |                                   | Payment Status | Renewal Dat | Member Email      | Member Pho   | one |   |   |   |   |
| Chase Diliberto                    | B055224722           | activated      | 4/15/21       | Boston Smiles Preventative Plan   | paid           | 1/22/21     | jessed@t.com      | (516) 355-19 |     |   |   |   |   |
| Michael scott                      | B474235401           | activated      |               | Boston Smiles Preventative Plan   | paid           |             |                   | (777) 777-77 |     |   |   |   |   |
| Landon Lemoine                     | B563621307           | activated      |               | ADM Preventative Plan             | paid           |             |                   | (617) 545-45 |     |   |   |   |   |
| Jesse Diliberto                    | B935758268           | activated      |               | Alabama Smiles Oral Wellness Plan | paid           |             | jesse12@dm.com    | (646) 446-49 |     |   |   |   |   |
| Anthony Montana                    | B393301039           | activated      |               | Boston Smiles Preventative Plan   | paid           |             |                   | (305) 666-66 |     |   |   |   |   |
| Teddy Diaz                         | B266813184           | activated      |               | Boston Smiles Preventative Plan   | paid           |             | Flowtoo@gmail.com | (479) 835-90 |     |   |   |   |   |
| Fran Diaz                          | B319017929           | activated      |               | Boston Smiles Preventative Plan   | paid           |             |                   | (397) 453-05 |     |   |   |   |   |
| Patty Diaz                         | B177976054           | activated      | 6/9/21        | Boston Smiles Preventative Plan   | paid           | 1/22/21     | Pdaiz@gmail.com   | (329) 084-59 | 903 |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |
|                                    |                      |                |               |                                   |                |             |                   |              |     |   |   |   |   |