



January 05, 2026

Andrew P Kahler
Po Box 263
Yamhill OR 97148

Treatment: Denturist visit at Tigard
Dentures with Kylie Simmons
Estimate ref number: 19014573045
Patient HRN:3077-99-52

Dear Andrew P Kahler,

Thank you for the opportunity to provide you with an exceptional care experience.

This is a pre-service estimate of the cost based on your personal insurance benefits.
Based on your benefits your estimated payments for the service is **\$1,698.00**.

Cost Estimate

	Charges	You Pay
1st Imp on 1/28/2026		
Kylie Simmons at Tigard Dentures		
D5110 - Complete Denture - Upper Arch: Up	\$2,099.00	\$629.70
D5120 - Complete Denture - Lower Arch: Low	\$2,099.00	\$1,068.30
Total	\$4,198.00	\$1,698.00

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Information about **estimated cost** of your dental treatment.

1. Patients are expected to pay their share (out of pocket) and office visit fees at the time of service.
2. The fees given in this estimate are based on your benefits available at the time that the estimate is given.
3. If your benefit plan changes before treatment, your out-of-pocket cost may change as well.
*For orthodontic loss of coverage a pro-rated non-member fee will be applied. If your benefits changes, your new benefit/coverage will be applied to all remaining months of treatment.
4. Services from recent visits, estimates from other providers, and / or any cost from other treatments are not included in this estimate. These may affect your out-of-pocket cost. Services may take about 10 business days to be processed.
5. If you are referred to a community provider by Kaiser, it may take 4-6 months to process. This is not reflected in this estimate and may increase your out-of-pocket cost.



6. Changes in treatment at the time of your service (e.g., filling materials, filling surfaces, or types of cleaning) may result in additional out-of-pocket cost.
7. Other insurance is billed as a courtesy to you. Any amount not covered by both plans will be billed to your account.
8. If you do not return to complete a service in a timely manner and the dentist must start over, you are expected to pay for any new or repeated services and out-of-pocket cost.
9. Total cost of any treatment is the patients/guarantor(s) responsibility.

If you have any questions, please contact the Fee and Benefit Support Specialist (FABSS) at your dental office.

This estimate may be affected by services received at a PPO Network provider for which claims have not yet been received by Kaiser Permanente.

THIS IS AN ESTIMATE ONLY, EFFECTIVE FOR 90 DAYS. It may change if your dental benefit changes or if your dentist alters your treatment plan.

FOR PATIENTS RECEIVING CROWNS, BRIDGES, FULL/PARTIAL DENTURES: Fees are determined by the benefit coverage in effect when the procedures are started. Payment is due at that time.

If you have questions contact the Fee and Benefits Support Specialist at the dental office listed above.

Financial Assistance

If you meet certain income requirements, you may qualify for financial assistance.

For information and to apply, please call Membership Services at one of the following numbers, Monday through Friday, 8 a.m to 6 p.m.

- 503-813-2000 or 1-800-813-2000.
- TTY (for hearing impaired): 1-800-735-2900
- Language Interpretation: 1-800-324-8010

Thank you for choosing Kaiser Permanente as your health care provider.