Oral Health Services for Adolescents
Claim Summary Form

MINISTRY OF HEALTH
MANATŪ HAUORA

Claim number

Ministry use only

Claim reference
(unique per claim, alpha-numeric characters only)

Payee number

Agreement number

Agreement holder's name

DCNZ number
(of health practitioner who treated the patients on the attached Individual Treatment Report/s)

Number of patients in this claim

Value of treatment reports (GST exclusive) ($)

GST ($)

Total (GST inclusive) ($)

Ministry of Health only

Total paid ($)

Certification

I certify that the above and attached particulars are true and correct and comply with the terms and conditions of my agreement.

Agreement holder's signature

Date

Please return to: Ministry of Health, PO Box 1026, Wellington. Telephone 0800 458 448.