Special Dental Services Agreement Claim Summary Form



Ministry use only

Claim number

laim reference
nique per claim, alpha-numeric characters only)
ayee number
greement number
greement holder's name
CNZ number f 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
ertify that the above and attached particulars are true and correct and comply with the terms and enditions of my agreement.
greement holder's signature Date