|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Oral Health Services for Adolescents Claim Summary Form** | | | | | | | | | | | | | | | |  | | | | | | |
| Claim number |  |  |  | |  |  |  |  |  |  |
|  | Ministry use only | | | | | | | | | |
| Claim reference  (unique per claim, alpha-numeric characters only) | | | | | | | | | | |
| {{r1}} | {{r2}} | {{r3}} | {{r4}} | {{r5}} | {{r6}} | {{r7}} | {{r8}} | {{r9}} | {{r10}} |
| Payee number | | | | | | | | | |
| 9 | 8 | 4 | 9 | 1 |  |  |  | | |
| Agreement number | | | | | | | | | |
| 3 | 4 | 2 | 8 | 0 | 2 |  | | | |
| Agreement holder’s name | | | | | | | | | |
| Priory Management Ltd | | | | | | | | | |

DCNZ number

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | 2 | 0 | 7 | 4 |  |

|  |  |
| --- | --- |
| Number of patients in this claim | {{num\_pat}} |

|  |  |
| --- | --- |
| Value of treatment reports (GST exclusive) ($) | {{total\_ex}} |

|  |  |
| --- | --- |
| GST ($) | {{gst}} |

|  |  |
| --- | --- |
| Total (GST inclusive) ($) | {{total\_inc}} |

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 | | | | | | | |