

Dental Claim Form - Provider Direct Billing

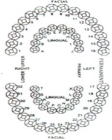
Patient Name and Address	:	sai krishna	Member Neuron ID	:	INS12345678
			Emirates ID	:	784-8666-6666666-7
			Date of Birth	:	1996-09-25
Facility Name (In-Network Provider)	:	VISION MEDICAL & DENTAL CENTER (Abu Dhabi)	Member Tel Number	:	065634883
Insurence Name	:	ADNIC	Member Mobile	:	971508764532

Section B -Medical Section

(to be fully completed by treating dentist - involved tooth numbers must be marked on chart also)



Diagnosis Requiring Treatment :	sdfg
Presenting Complaint/s :	sdfg
History :	sdfg
Clinical Details :	sdfg
Treatment Plan :	sdfg

Section C - Dental Treatment Details

DENTAL PROCEDURE	TOOTH # (UNIVERSAL NUMBERING)	SURFACE	PROCEDURE CODE	COST AS PER AGREED TARIFF	
CONSULTATION					
X-RAY					
AMALGAM/COMPOSITE/TEMPORARY FILLING					
EXTRACTION					
SCALING/PROPHYLAXIS					
OTHERS(PLS SPECIFY)					
TOTAL COST(AS PER AGREED TARIFF)					

PLEASE MARK INVOLVED TOOTH CLEARLY IN THE CHART (CLAIM WILL DENIED IN CASE DISCREPANCY)

Section - D Treating Dentist

<p style="text-align: right;">Tel Number : 065634883</p> <p style="text-align: right;">Fax Number : JOU-1</p> <p>I declare that I am the patient's treating Dentist, and that the particulars given are to the best of my knowledge true and correct</p> <div style="text-align: right; margin-top: 20px;"> Treating Dentist Stamp : <div style="border: 1px solid black; width: 100px; height: 80px; display: flex; align-items: center; justify-content: center;">  </div> </div>	
<p>Patient's Declaration and Consent</p> <p>I confirm that I am the patient/ patient's parent or guardian and wish to claim benefits, and declare that all the particulars given above are to the best of my knowledge true and correct. I hereby consent to and authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to DubaiCare. I agree that a copy of this consent shall have the validity of the original.</p> <div style="text-align: right; margin-top: 20px;"> Signature :  </div>	