

DENTAL CLAIM FORM - PROVIDER DIRECT BILLING



Section 1 - Details of Member/Patient

Patient Name and Address :	MOHAMMED SALEM GHULOOM AHMAD ALBLOOSHI	Member Neuron ID:	TPA001
		Emirates ID :	DHA-P-0230994
		Date of Birth :	18-Jul-2008
Facility Name (In-Network Provider):		Member Tel Number:	
Insurance Name:	NEURON (DEWA) GOVT ENAYA	Member Mobile :	971566986868

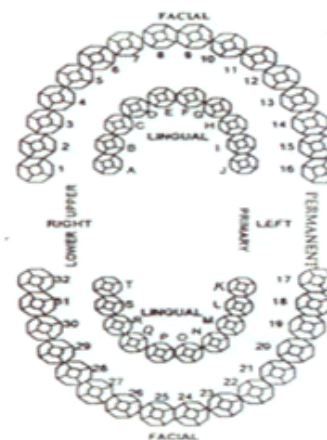
Section B -Medical Section

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

Diagnosis Requiring Treatment :	K04.02 Irreversible pulpitis
Presenting Complaint/s :	pain during eating and drinking on the upper left area
History :	1 month
Clinical Details :	dental decay mesial and distal side of tooth #12 that reaching the pulp
Treatment Plan :	root canal treatment for tooth #12

Section C - Dental Treatment Details

DENTAL PROCEDURE	TOOTH # (UNIVERSAL NUMBERING)	SURFACE	PROCEDURE CODE	COST AS PER AGREED TARIFF
CONSULTATION	#12		D0150	
X-RAY	#12	M,O,D	D0220	
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

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	Tel Number	0563232355
	Fax Number :	IMCA1003
	Treating Dentist Stamp :	 

Patient Declaration and Consent

I confirm I am the patient's or guardian (if the patient is under 16 years of age) and wish to claim benefits and declare that all the particulars given above are to the best of my knowledge true and correct. In respect of any medical claim. I hereby consent to and authorize the medical practitioner, health professional or other relevant medical establishment to provide and discuss any health/ treatment details, medical records or discharge arrangements (past and present) with and to the insurer and/or Third Party Administrator. I Agree that a copy of this consent shall have the validity of the original.



Signature

Date: 12-Nov-2023