DENTAL CLAIM FORM - PROVIDER DIRECT BILLING

Section 1 - Details of Member/Patient

Patient Name and Address :	ARJUN BALAKRISHNAN BALAKRISHANAN	**Member Neuron ID:**	TPA001
		Emirates ID :	DHA-P-26255964
		Date of Birth :	07-Oct-1993
Facility Name (In-Network Provider):	TPA001	**Member Tel Number:**	
Insurence Name:	NEURON - CN GN+ GNP	**Member Mobile :**	0565542809

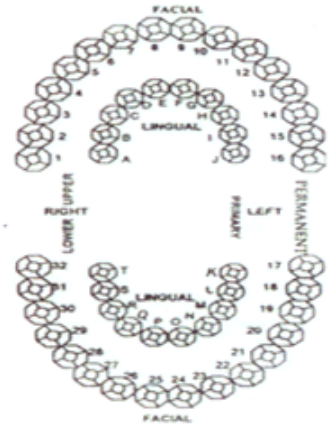
Section B -Medical Section

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

Diagnosis Requiring Treatment :	K08.9 Disorder of teeth and supporting structures, unspecified
Presenting Complaint/s :	PATIENT COMPLAINTS OF UNIDENTIFIED PAIN RADIATING FROM POSTERIOR TO THE ANTERIOR REGION OF JAW ON THE LEFT SIDE
History :	
Clinical Details :	
Treatment Plan :	

Section C - Dental Treatment Details

DENTAL PROCEDURE	TOOTH # (UNIVERSAL NUMBERING)	SURFACE	PROCEDURE CODE	COST AS PER AGREED TARIFF
CONSULTATION				
X-RAY	#19 20 21		D0220	42.00
AMALGAM/COMPOSITE/TEMPORARY FILLING				
EXTRACTION				
SCALING/PROPHYLAXIS				
OTHERS(PLS SPCIFY)	#23 24 25 26		D0230	
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	047700948
	Fax Numbrer :	D009
	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 benifits 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 proffessional or other relevent 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 thar a copy of this consent shall have the validity of the original.	Signature

Date: 17-Jan-2024