DENTAL CLAIM FORM - PROVIDER DIRECT BILLING

Section 1 - Details of Member/Patient

Patient Name and Address :	MAHMOUD MOHAMED MAHMOUD MOHAMED HASSAN ELIWA	**Member Neuron ID:**	TPA001
		Emirates ID :	DHA-P-26255964
		Date of Birth :	23-Apr-2014
Facility Name (In-Network Provider):		**Member Tel Number:**	
Insurence Name:	NEURON-CN,GNP	**Member Mobile :**	0553724324

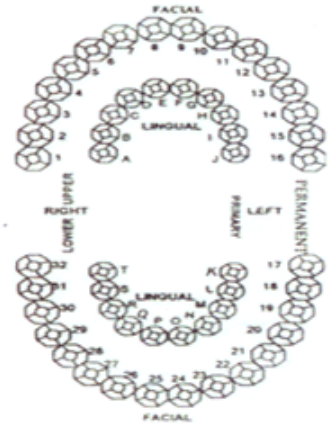
Section B -Medical Section

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

Diagnosis Requiring Treatment :	K02.63 Dental caries on smooth surface penetrating into pulp K12.30 Oral mucositis (ulcerative), unspecified
Presenting Complaint/s :	PATIENT COMPLAINTS OF PAIN IN THE DECAYED LOWER RIGHT BACK TOOTH FOR THE PAST 2 DAYS AND ALSO AN ULCER IN THE LOWER LIP
History :	
Clinical Details :	
Treatment Plan :	

Section C - Dental Treatment Details

DENTAL PROCEDURE	TOOTH # (UNIVERSAL NUMBERING)	SURFACE	PROCEDURE CODE	COST AS PER AGREED TARIFF
CONSULTATION			D0150	105.00
X-RAY	S T		D0220	42.00
AMALGAM/COMPOSITE/TEMPORARY FILLING				
EXTRACTION				
SCALING/PROPHYLAXIS				
OTHERS(PLS SPCIFY)				
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: 18-Jan-2024