

Special Dental Services Claim Summary Form



Claim number

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Ministry use only

Claim reference (unique per claim, alpha-numeric characters only)

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Payee number

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Agreement number

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Agreement holder's name

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

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

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Number of patients in this claim

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Value of treatment reports (GST exclusive) (\$)

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GST (\$)

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Total (GST inclusive) (\$)

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Ministry of Health only

Total paid (\$)

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Certification

I certify that the above and attached particulars are true and correct and comply with the terms and conditions of my agreement.

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Agreement holder's signature

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Date