High Caries Treatment Planning (Adolescents) Treatment Report/Claim Summary Form

MINISTRY OF HEALTH
MANATŪ HAUORA

Claim number

Ministry use only

Claim reference number *(unique number per claim)*

Payee number

DCNZ number of treating health practitioner

Agreement holder's name

Agreement number

NHI number (mandatory)

Name of treating health practitioner

Patient's last name

Patient's first name

Date of birth

Sex

Male ☐ Female ☐

School attended

School number

School decile score

Approval number

Date of treatment	Code	Qty	Teeth	Value $	Ministry of Health only

Total claimed (GST exclusive) ($)

GST ($)

Total claimed (GST inclusive) ($)

Certification

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

Agreement holder's signature

Date

Please return to: Ministry of Health, PO Box 1026, Wellington, New Zealand. Telephone 0800 855 066.

HP 5955
July 2019