

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

Claim number

Te Whatu Ora use only

Claim reference number (unique number per claim)

Agreement holder's name

NHI number (mandatory)

Patient's last name

Date of birth (DD/MM/YY)

School attended

Approval number

Payee number

DCNZ number

of treating health practitioner

Agreement number

Name of treating oral health practitioner

Patient's first name

Sex

Male Female Other

School number

School EQI Code

Date of treatment (DD/MM/YY)	Code	Qty	Teeth	Value \$	Te Whatu Ora 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 (DD/MM/YY)