

Oral Health Services for Adolescents Claim Summary Form

claim number

Te Whatu Ora use only

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

Payee number

Agreement number

Agreement holder's name

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

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

Number of patients in this claim

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

GST (\$)

Total (GST inclusive) (\$)

Te Whatu Ora only

Total paid (\$)

Certification

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

Agreement holder's signature

Date (DD/MM/YY)