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DENTAL FORM

MetLife

GULF OPERATIONS
MetLife, P.O.Box 371916, Dubai - U.A.E
24 Hour UAE Toll free : 800 62062
Fax : (971 - 4) 415 4493

MANAGED CARE CLAIM FORM

FORM No. 24050012PY09974

Patient Name : SURESH JAYAKUMAR

Clinic/Hosp. No: PY09974

Subscriber No. 001942430 Policy Number 6225270001 Cert. No 25 Dependent No: 1

Please fill this portion to have prompt reimbursement and avoid unnecessary suspension

1 - Diagnosis: K05.00 - Acute gingivitis, plaque induced.

Dental Treatment Plan (To be completed by the Dentist)

Tick	Descrition of service	Code	Tooth #	Cost
	Consultation	D0120		
	IOPA Xray	D0210		
	Panoraminc / OPG	D0330		
	Cephalometric	D0340		
	Amalgam Filling	D2150		
	Composite Filling One Surface	D2330		
	Composite Filling two Surface	D2331		
	Composite Filling three Surface	D2332		
	Inlay Porcelain/ Onlay Resin Filling	D2663/ D2663		
	Core Buildup Using Pins If any	D2950		
	Sedative Filling	D2940		
	Direct Pulp Capping	D3110		
	Indirect Pulp Capping	D3120		
	RCT anterior	D3310		
	RCT Bicuspid	D3320		
	RCT Retreatment Molar	D3348		
	Total cost:			

Tick	Descrition of service	Code	Tooth #	Cost
	Apexification/recalcification	D3351		
	Implant Endo/ Epo/ Trans	D6010/ 40/ 50		
	Impaction Or Surgical Removal	D7210		
	Extraction	D7140		
✓	Scaling/ Prophylaxis	D1110		220/-
	Fluoride Application (C)	D1203		
	Gingivectomy	D4210		
	Gingival Flap Surgery	D4240		
	Crown Porcelain/ Ceramic	D6740		
	Space Maintainer Fixed/ Removable	D1515/ D1520		
	Orthodontic Treatment	D8999		
	Local Anaesthesia	D9215		
	Night Guard	D9940		
	Occlusal Adjustment	D9951		
	Medicine	D9630		
	Others, Please Specify			

Permanent Teeth

Upper right | Upper left

87654321 | 12345678

87654321 | 12345678

Lower right | Lower left

Deciduous Teeth

Upper right | Upper left

EDCBA | ABCDE

EDCBA | ABCDE

Lower right | Lower left

Physician's Signature and Stamp: R. Pennesso

Dr. Rutul Desai
General Dentist
DHA-4-4339326-001
DENTISTREE DENTAL CLINIC

Date : .....

Authorization Statement 25-05-2024

I hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and/or any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization shall be taken as the original copy.I hereby authorize MetLife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby waive MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS.

I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's sanctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, MetLife will not pay a claim to individuals who: I) are residing in a sanctioned country; II) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; III)have traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions

Data Transfer: I hereby give MetLife unambiguous consent, to process, share, and transfer My personal data to any recipient whether inside or outside the country, including but not limited to your Headquarters in the USA, MetLife branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of MetLife business and products; (iii) improving MetLife customers experience; (iv) for the compliance with the applicable laws and regulations; or (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to MetLife. MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure the confidentiality of the personal information and provided that MetLife complies with applicable laws in respect of such processing, sharing and transferring of that personal data. For clarity, personal data means any data/information related to insured and/or insured's family which might include any health, identity and financial information or contact details, disclosed to MetLife at any time.

تحويل البيانات: أنا أتيح مطلقاً موافقة صريحة لتحويل ومعالجة ومشاركة بياناتي الشخصية إلى أي طرف سواء كان داخل أم خارج الدولة، بما في ذلك على سبيل المثال لا الحصر مقر شركة متلايف في الولايات المتحدة الأمريكية، فروع الشركة، الشركات الشقيقة، شركات إعادة التأمين، شركات في الأعمال، المستشارين، وسطاء التأمين، وأو مزودي الخدمات عندما أعتقد بأن نقل أو مشاركة هذه البيانات الشخصية لأي من (أ) الغية الالتزام بموجب وثيقة التأمين، (ب) للمساعدة في تطوير المنتجات والأعمال، (ج) لتحسين تجربة العملاء لدى الشركة ، (د) لالتزام بالقوانين واللائحة سارية أو للالتزام بتعليمة القوانين الأخرى لدى جهات تنفيذ القانون ذات الصلة بالعقوبات الدولية والأنظمة الأخرى المطبقة بالنسبة للشركة. متلايف تأخذ التزاماً تجاه المتلقي بالتزامات كافية للمحافظة على واحسان سرية بياناتك الشخصية، فإنك فهما أيضاً التزاماً بموجب القوانين سارية والمتعلقة بهذا التحويل والمعالجة والمشاركة لبياناتك الشخصية. لغايات التوضيح، تعني بياناتك الشخصية أي بيانات/معلومات متعلقة بك وأو بأفراد عائلتك والتي قد تحتوي على أي معلومات صحية، معلومات لتدل عن هويتك، معلومات مالية أو معلومات الاتصال والتي تم الإفصاح عنها في أي وقت.

Employee's Signature : .....

Date : 25-05-2024