



**3. Claim Details**

1. Is the claim in UAE?  Yes  No If No, Precise Country

2. Name of Hospital/Dr. DENTISTREE DENTAL CLINIC

3. Date of Treatment 2 7 / 1 0 4 / 2 3

4. Number of Invoices

5. Total Amount Claimed

6. Currency AED

For breakdown of Total Amount Claimed, use attached summary table cover sheet to tabulate entries in chronological order.

**4. Medical Details – To be Completed by the Treating Doctor**

1. Is it work related?  Yes  No If Yes, Specify

2. Treatment Type  In-Patient  Out-Patient  Day Care

3. Chief Complaint Dental Caries, unspecified K02.9

4. Diagnosis Decay i.o.t 30, 32, 2

5. Treatment Details Composite filling one surface post (0) D2391

I, the undersigned treating doctor, hereby declare I have attended to this patient and the particulars provided are correct and accurate to the best of my knowledge.

Doctor Name & Stamp Dr. Aditi Loomba  
General Dentist  
DENTISTREE DHA-00189428-002

Signature Aditi Loomba

Date 27/04/23

**5. Claimant's Declaration & Authorization**

I confirm that all particulars filled are true, accurate and complete. I hereby authorize (i) the medical provider/other entities to provide & discuss health/treatment details with Oman Insurance Company P.S.C. (hereinafter referred to as "Sukoon") and/or its third party administrator (ii) Sukoon to (a) disclose my personal/claim information for claim processing or as may be required (b) to use alternate claim payout option if required (iii) contact me for claim/other products information. I understand that (i) any person, who intentionally conceals, makes false or misleading statement to obtain claim reimbursement, is subject to penalization and legal action (ii) acceptance of claim form does not constitute acceptance of liability by Sukoon (iii) my claim is subject to terms and conditions of my policy. This authorization shall remain valid notwithstanding death or incapacity. A photocopy or facsimile copy of this authorization shall be as valid as the original.

Claimant Name  Signature  Date