NEXtCARE
Your Health Managed with Care

REIMBURSEMENT FORM

24 hour Tel: 04-2708800, Fax: 04 2708592

Please Complete Clearly (All Fields Mandatory) **FORM No:**

ADMINISTRATIVE

Healthcare Provider: Dentistry, Dental Clinic	Patient's Name: Rami Mirky		
Date of Service: 17-03-24 dd /mm /yyyy	Patient's Tel: 0582345931	DOB 14/02/1987 dd/mm/yyyy	Sex: ☐ F ☐ M
Emirates ID No: 784-1987-4602102-5		Email address: (Mandatory)	
Insurance Company:			
Account Name:	UAE IBAN Number:		
UAE Bank Name:	UAE Swift Code:		

SUBJECTIVE ***(To be completed by Physician)***

Symptom(s) As Described by Patient (CHIEF COMPLAINT)
Date of Present Symptom Onset: 28 / 02 / 24 (dd / mm / yyyy)
What date did the Patient first feel same / similar symptom(s): ____ / ____ / ____ (dd / mm / yyyy)
Is the Patient under any type of treatment / Meds: ☐YES ☑ NO *If yes, indicate what assessment and since when:*

OBJECTIVE / ASSESSMENT ***(To be completed by Physician)*** **Vital Signs T:** **P:** **R:** **B/P:**

Past Medical & Surgical History:
Clinical Details & Description of Present Case:
Cause: ☐Physical Illness ☐Accident ☐Maternity ☐Preventive ☐Psychiatric ☑Dental ☐Work Related ☐Acute ☐Chronic ☒Confirmed ☐Suspected ☐Other

Assessment / Diagnosis: *INDICATE DIAGNOSIS NOT SYMPTOM*			Diagnosis Code
1. Resin Based Comp	# 8	[M, B] K08.531	D2331
2. Resin Based "	# 9	[M, B] K08.531	D2331
3. Prophylaxis		K05.10	D1110

Is Assessment / Diagnosis related to another Assessment? ☐ **YES** ☐ **NO** *If yes, specify: (i.e. Retinopathy related to Diabetes*

MEDICAL PLAN *Itemized Original Invoices and Applicable Prescriptions / Reports / Results must be enclosed to consider claim*

☐ Consultation	Cost	☐ Physiotherapy	Cost
☐ Pharmacy	**Cost**	**☐ Laboratory / Radiology / Other**	**Cost**
		Resin based filling	- AED 540
		Prophylaxis	- AED 480
			5

TOTAL CHARGES AED 1020

Was In-patient Required? Length of Stay _____ **Indicate Provider** _____ **Cost** _____

- ***Discharge Summary: Itemized Invoices, Reports & Receipts Attached?***

Treating Physician Name: DR PEARL	*I hereby authorize any Healthcare Provider, Insurer, Employer or other Organization to release any information regarding my medical condition & history to NEXtCARE for the purpose of determining insurance benefits.*
Name & Address of Facility: DENTISTREE DENTAL CLINIC	
Tel / Fax:	
Email:	
Signature & Stamp:	*Patient's Signature (Parent if minor)* / *Date*

Dr. Pearl Pinto
General Dentist
DENTISTREE DHA-04205785-003
DENTISTREE DENTAL CLINIC

DENTISTREE DENTAL CLINIC

1,020.00 **RECEIPT VOUCHER (No.REC-1006271)** **Date:07-03-2024**

Receive from Mr./Mrs./M/s. **2188 - Mansi Mistry**

The sum of Dhs. **One Thousand Twenty Dirhams and Zero Fils Only**

By Cash **1,020.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date: **07-03-2024**

Being

Made by **Gayle Reyes**

DENTISTREE DENTAL CLINIC

TAX INVOICE

Reg TRN No	:	100529934000003
Facility Name	:	DentisTree Dental Clinic
Address	:	Ground floor, Shop 3, Wasl Port Views 8, Al Mina Road, Jumeirah 1, Dubai 042529935 / / 045641764

Policy No	:		Invoice No	:	INV-1C006099
Claim No	:		Invoice Date	:	07-03-2024
Doctor	:	Pearl Pinto	Invoice Time	:	07-03-2024
Customer Name	:	Mansi Mistry	Invoice Type	:	Outpatient
Age / Gender	:	37Y - 0M - 25D / Female	Mode	:	Cash / Credit
Department	:		Refered By	:	
Rate Plan	:		Visit ID	:	
Insurance Company	:	Cash	Registered Date	:	07-03-2024
MR #	:	2188			
Customer VAT Reg No	:				

Sl No	Service Code	Treatment / Procedure	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D2331	resin-based composite - two surfaces, anterior	420.00	2	840.00	0.00	0	0.0000	840.00
2	D1110 .	prophylaxis - adult	180.00	1	180.00	0.00	0	0.0000	180.00

Gross Amount (in AED)	1,020.00
Discount (in AED)	0.00 Fixed
Net Amount (in AED)	1,020.00
Net Sponsored Amount (in AED)	1,020.00
Tax on Net Sponsored Amount(in AED)	0.00
Total Sponsored Amount(in AED)	1020.00
Net Patient Amount (in AED)	1,020.00
Tax on Patient Amount(in AED)	0.00
Total Patient Amount(in AED)	1,020.00
Taxable Sale @ 5%(in AED)	0.00
Tax on 5%(in AED)	0.00
Taxable Sale @ 0%(in AED)	1020.00
Paid (in AED) **(Cash)**	-1,020.00
Balance (in AED)	0.00
Advance Balance (in AED)	0.00

Prepared By Gayle Reyes