



# DENTISTREE DENTAL CLINIC

400.00

RECEIPT VOUCHER (No.REC-1007687)

Date:31-07-2024

Receive from Mr./Mrs./M/s. 3474 - Arran Sehgal

The sum of Dhs. Four Hundred Dirhams and Zero Fils Only

By Cash 0.00 / By Credit Card 400.00 / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

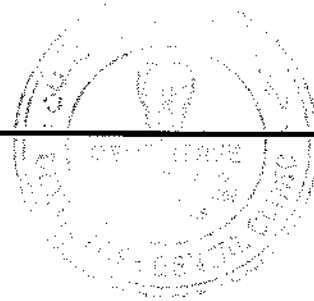
Bank:           Cheque No.

Date: 31-07-2024

Being

Made by Gayle

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# DENTISTREE DENTAL CLINIC

## TAX INVOICE

Reg TRN No : 100529934000003  
Facility Name : DentisTree Dental Clinic  
Address : P.O.Box 23581, Ground floor, Shop 3, Wasl Port Views 8, Al Mina Road, Jumeirah 1, Dubai  
042529935 / 045641764

Invoice No : INV-1C007819 Invoice Date : 31-07-2024  
Doctor : Rehna Ramachandran Department : Dental  
Patient Name : Arran Sehgal MRN # : 3474  
Age / Gender : 13Y - 9M - 10D / Male Type : Cash  
Visit Date : 31-07-2024 Inv. Time : 19:20:00

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	26	500.00	1	500.00	100.00	0	0.0000	400.00
<b>Gross Amount (in AED)</b>										<b>500.00</b>
<b>Discount (in AED)</b>										<b>100.00</b>
<b>Net Amount (in AED)</b>										<b>400.00</b>
<b>Tax on 5%(in AED)</b>										<b>0.00</b>
<b>Total Amount(in AED)</b>										<b>400.00</b>
<b>Paid (in AED) (Credit Card)</b>										<b>400.00</b>
<b>Balance (in AED)</b>										<b>0.00</b>
<b>Advance Balance (in AED)</b>										<b>0.00</b>

Prepared By Gayle

### Patient Signature

Kindly note that this automated and uniquely dated invoice is payable on this visit before leaving the Center deposit will be automatically deducted upon settlement.



**CHECKLIST**

- Completed "Reimbursement Form"
- Full and Complete Medical Report / Diagnosis / Discharge summary from the treating doctor
- Original Itemized invoices or receipts for the amount claimed (Invoice must show cost per service)
- Personalized SOAP / Maternity SOAP / Dental SOAP (if applicable)
- Copies of results of diagnostic tests

For treatment within UAE, please submit your claim **within 60 days** from the date of treatment. For treatment outside UAE, the claim must be submitted **within 90 days** from the date of treatment.

**IN-HOSPITAL NON- EMERGENCY ADMISSION**

The MedNet Claims Centre should be notified, at least 7 days in advance for arranging elective treatment on free access basis at a network facility outside UAE, if applicable.

**Within UAE (24 hours a day, 7-days a week)**

Toll Free Phone - 800 4882  
Toll Free Fax - 800 4883

**Outside UAE (24 hours a day, 7- days a week)**

Phone - 00 971 4 3900749  
Fax - 00 971 4 3908598

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P.O. Box 500259, Dubai Internet City, Dubai – UAE  
Tel.: +971 4 3900710 Fax: +971 4 3908600  
E-mail: info@mednet-uae.com Web: www.mednet-uae.com

**Strictly Confidential – Contains Medical Information.  
Not To Be Duplicated or Handled By Unauthorized Personnel**

# Reimbursement Form

Card Holder's Name: \_\_\_\_\_ Card No.: \_\_\_\_\_  
 Valid Until: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

**To be completed by the treating Physician**

Dear Doctor: The beneficiary participating in the MedNet Program is consulting you for medical care and kindly requests you to complete this form.

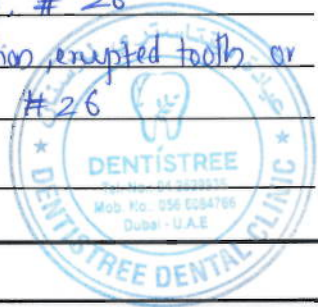
**Diagnosis** : M26.211 : Malocclusion, Angle's class I

**Date of onset of symptoms** : 03/04/2024

**If, hospitalized** : Date of Admission \_\_\_\_\_ Discharge \_\_\_\_\_

**Case Management** : c/o: Lingually erupted tooth, # 26  
 Treatment plan - D7140 - extraction, erupted tooth or exposed root (AED 400) #26

**Actual Costs** : AED 400



**Treatment Plan**

Diagnostic Tests	Pharmaceuticals
D7140 - Extraction, erupted tooth or exposed root # 26	

31/07/2024  
Date

\_\_\_\_\_  
Cardholder's signature

Physician's Name Dr. Rehna Ramachandran

Telephone No. +97142529935

Date 31/07/2024



Dr. Rehna Ramachandran  
 General Dentist  
 DENTISTREE DHA-00112064-001  
 DENTISTREE DENTAL CLINIC