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-1C008035	**Invoice Date**	:	24-08-2024
Doctor	:	Rutul Desai	**Department**	:	Dental
Patient Name	:	Ayesha Ahmed	**MRN #**	:	4083
Age / Gender	:	25Y - 4M - 27D / Female	**Type**	:	Cash
Visit Date	:	24-08-2024	**Inv. Time**	:	18:44:05

Sl No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D1110 .	prophylaxis - adult		350.00	1	350.00	50.00	0	0.0000	300.00

Gross Amount (in AED)	**350.00**
Discount (in AED)	**50.00**
Net Amount (in AED)	**300.00**
Tax on 5%(in AED)	**0.00**
Total Amount(in AED)	**300.00**
Paid (in AED) **(Credit Card)**	**300.00**
Balance (in AED)	**0.00**
Advance Balance (in AED)	**0.00**

Prepared By Joy

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.

DENTISTREE DENTAL CLINIC

300.00 **RECEIPT VOUCHER (No.REC-1007925)** **Date:24-08-2024**

Receive from Mr./Mrs./M/s. **4083 - Ayesha Ahmed**

The sum of Dhs. **Three Hundred Dirhams and Zero Fils Only**

By Cash **0.00** / By Credit Card **300.00** / By Cheque **0.00** / By Bank Transfer **0.00** / By Allocated **0.00**

Bank: Cheque No. Date: **24-08-2024**

Being

Made by **Joy**

عيادة دينتاستري للأسنان
DENTISTREE
Tel. No : 04 2523933
Mob. No : 056 6054706
Dubai - U.A.E
DENTISTREE DENTAL CLINIC

Reimbursement Claim Form
Dental

Emirates | dnata
THE EMIRATES GROUP

Submit your completed claim form and supporting documents online:
HRDirect > Profile > Remuneration & Benefits > Medical Benefits > Member Portal > Submit Reimbursement claim

Section A - Employee Details

Name of Employee	Ayesha Ahmed	Staff Number	

Section B – Patient Details (To be fully completed by treating dentist)

Patient Name	Ayesha Ahmed	DOB	
Complaints / Onset / History	Bleeding gums while brushing.		
Diagnosis with tooth number	K05.10 - chronic gingivitis, plaque induced		

Mark the affected tooth with "X" and specify diagnosis details in the above field

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Planned Treatment: scale and polish.

Signature and Stamp

I declare that I am the patient's treating doctor/dentist and that the particulars given are to the best of my knowledge true and correct

Signature R. K. Desai Date 24/08/'24

Doctor's stamp

Dr. Rutul Desai
General Dentist
DENTISTREE DHA-44339326-001
DENTISTREE DENTAL CLINIC

Section C – Patient / Spouse / Guardian Signature

I hereby authorise the Emirates Group to obtain any and all medical records, reports and test results, either in original hard-copy form or via access to electronic data systems, as may be required to validate my claim. I consent to the Emirates Group disclosing my medical records, reports and test results for the purpose of processing and validating my claim. In addition, I understand any such medical information provided to the Emirates Group will be accessible to Emirates Group employees (including employees of wholly owned subsidiaries) on the Emirates Medical Benefits System Employee Portal via confidential log-in.

Signature	Date / /

Section D – Employee Checklist

Employee check	Documents Submitted
☐	Claim form
☐	Payment receipts with costs breakdown
☐	Copy of x-ray film (.pdf)
☐	Medical report and prescription
☐	EK referral (for EK Dental Clinic members)