

Reimbursement Claim Form Dental



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

Amr Saeed

Staff Number

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

Patient Name

Amr Saeed

DOB

31/08/1980

Complaints /
Onset / History

*Pain and swelling i&w upper front-
teeth*

Diagnosis with tooth
number

*K04.6 - peri-apical abscess with sinus
i&w #8*

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
							X								
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Planned Treatment

R CT i&w #8

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

6/9/24



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
<input type="checkbox"/>	Claim form
<input type="checkbox"/>	Payment receipts with costs breakdown
<input type="checkbox"/>	Copy of x-ray film (.pdf)
<input type="checkbox"/>	Medical report and prescription
<input type="checkbox"/>	EK referral (for EK Dental Clinic members)



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-1C008166 Invoice Date : 06-09-2024
Doctor : Rutul Desai Department : Dental
Patient Name : Ana Gajic MRN # : 2664
Age / Gender : 36Y - 7M - 6D / Female Type : Cash
Visit Date : 06-09-2024 Inv. Time : 16:53:26

SI No	Service Code	Treatment / Procedure	Tooth No	Unit Price	Qty	Gross	Discount	VAT %	VAT Amount	Net
1	D3310	endodontic therapy, anterior tooth (excluding final restoration)	8	1,200.00	1	1,200.00	0.00	0	0.0000	1,200.00
Gross Amount (in AED)										1,200.00
Discount (in AED)										0.00
Net Amount (in AED)										1,200.00
Tax on 5%(in AED)										0.00
Total Amount(in AED)										1200.00
Paid (in AED) (Credit Card)										1,200.00
Balance (in AED)										0.00
Advance Balance (in AED)										0.00

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.



DENTISTREE DENTAL CLINIC

1,200.00

RECEIPT VOUCHER (No.REC-1008058)

Date:06-09-2024

Receive from Mr./Mrs./M/s. 2664 - Ana Gajic

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

By Cash 0.00 / By Credit Card **1,200.00** / By Cheque 0.00 / By Bank Transfer 0.00 / By Allocated 0.00

Bank: Cheque No.

Date: **06-09-2024**

Being

Made by **Gayle**

NEOPAY
powered by 

DENTISTREE DENTAL CLINIC
PORT RASHID
DUBAI

POS ID:10131136 MID: 001000110690
DATE: 06/09/24 TIME: 16:50:29

SALE

MASTERCARD(Contactless)

521415*****1300

EXP: XX/XX

PAN SEQ NO : 00

BATCH NO: 711

RECEIPT No :012216

KRN: 001759659644

AMOUNT: **AED 1200.00**

PLEASE DEBIT MY ACCOUNT

NO SIGN REQUIRED FOR CONTACTLESS TXN

APPROVAL CODE: **839767**

AID: A0000000041010

LABEL: MASTERCARD

TVR: 0000008001

TSI: A000

AC: 3A44A56B9959F952

CID: 80

THANK YOU

COME AGAIN

<<MERCHANT COPY>>

APP VERSION:1.80

