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		Staff Number	

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

Patient Name	Ana Gajic	DOB	
Complaints / Onset / History	sensitivity and dislodged resto irw lower left-back side since 2days		
Diagnosis with tooth number	K04.01- Reversible pulpitis irw #19		

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

DENTISTREE Dubai U.A.E

Planned Treatment	Composite restoration irw # 19

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*	*Doctor's stamp* Dr. Rahul Desai General Dentist DHA-44339326-001 DENTISTREE DENTAL CLINIC
	Signature R.U Desai Date 18 / 10 / 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
☐	Claim form
☐	Payment receipts with costs breakdown
☐	Copy of x-ray film (.pdf)
☐	Medical report and prescription
☐	EK referral (for EK Dental Clinic members)