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-1C010040	**Invoice Date**	:	28-11-2024
Doctor	:	Monisha Ravishankar	**Department**	:	Dental
Patient Name	:	Savannah Francesca Rodrigues	**MRN #**	:	4404
Age / Gender	:	14Y - 11M - 12D / Female	**Type**	:	NEURON CN & GN+ NETWORK / CASH
Visit Date	:	28-11-2024	**Inv. Time**	:	17:32:53

Sl No	Service Code	Treatment / Procedure	Unit Price	Qty	Gross	Disc	Insurance Co Pay	Insurance Share	Net
1	CASH - 56	INVISALIGN COMPREHENSIVE	20,000.00	1	20,000.00	5,000.00	0.00	0.0000	15,000.00
2	INSURANCE - D8090	Comprehensive orthodontic treatment of the adult dentition	3,240.00	1	3,240.00	0.00	485.00	2755.00	3,240.00

Gross Amount (in AED)	**20,000.00**
Discount (in AED)	**5,000.00**
Net Amount (in AED) - CASH	**15,000.00**
Insurance Approved	**3240.00**
Patient Share	**485.00**
Balance (in AED)	**11,760.00**
Total Outstanding Balance (in AED)	**11,760.00**

Payment Plan:

AED 2000 – December 2024
AED 2000 – January 2025
AED 2000 – February 2025
AED 2000 – March 2025
AED 2000 – April 2025
AED 1760 – May 2025

عيادة دينتاستري للأسنان
DENTISTREE
Tel. No.: 04 2529935
Mob. No.: 056 6884756
Dubai - U.A.E.
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As per insurance approval.

If PT gets approved this year again for insurance that amount alone will be deducted.