



# 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

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

### 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

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.