



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
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

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.