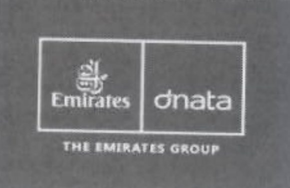
# Reimbursement Claim Form Dental



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 | | Staff Number | |
|---|---|---|---|

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

| | | | |
|---|---|---|---|
| Patient Name | EVA FERNANDES | DOB | 10.12.2012 |
| Complaints / Onset / History | | | |
| Diagnosis with tooth number | Class I malocclusion with crowding | | |

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 |

Planned Treatment: Comprehensive orthodontic treatment.

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 [signature]    Date / /

*Doctor's stamp*

Dr. Pratik Premjani
Specialist Orthodontics
DHA-00058483-003
DENTISTREE
DENTISTREE DENTAL CLINIC

## 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) |

## 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-1C009326 | | **Invoice Date** | : 04-01-2025 |
| **Doctor** | : Pratik Premjani | | **Department** | : Dental |
| **Patient Name** | : Eva Fernandes | | **MRN #** | : 3329 |
| **Age / Gender** | : 12Y - 0M - 26D / Female | | **Type** | : Cash |
| **Visit Date** | : 04-01-2025 | | **Inv. Time** | : 13:48:29 |

| Sl No | Service Code | Treatment / Procedure | Tooth No | Unit Price | Qty | Gross | Discount | VAT % | VAT Amount | Net |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 65 | ORTHODONTIC MONTHLY VISIT | | 600.00 | 2 | 1,200.00 | 200.00 | 0 | 0.0000 | 1,000.00 |

| | |
|---|---|
| **Gross Amount** (in AED) | **1,200.00** |
| **Discount** (in AED) | **200.00** |
| **Net Amount** (in AED) | **1,000.00** |
| **Tax on 5%**(in AED) | **0.00** |
| **Total Amount**(in AED) | **1000.00** |
| **Paid** (in AED) (Bank Transfer) | **1,000.00** |
| **Balance** (in AED) | **0.00** |
| **Advance Balance** (in AED) | **0.00** |

**Prepared By** Joy

**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.

**1,000.00** **RECEIPT VOUCHER (No.REC-1009300)** **Date:04-01-2025**

Receive from Mr./Mrs./M/s. **3329 - Eva Fernandes**

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

By Cash **0.00** / By Credit Card **0.00** / By Cheque **0.00** / By Bank Transfer **1,000.00** / By Allocated **0.00**

Bank: Cheque No. Date: **04-01-2025**

Being **via pay mob**

Made by Joy