

For MetLife's Use Only

DENTAL FORM



GULF OPERATIONS
MetLife, P.O.Box 371916, Dubai - U.A.E
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MANAGED CARE CLAIM FORM

FORM No. 22050014PY09974

Patient Name : MARIANA LUZ Clinic/Hosp. No.: PY09974

Subscriber No. 001869372 Policy Number 6078100000 Cert. No. wza573 Dependent No.: 3

Please fill this portion to have prompt reimbursement and avoid unnecessary suspension

i - Diagnosis: K05.00 Acute gingivitis, plaque induced K05.10 - Chronic gingivitis, plaque induced

Dental Treatment Plan (To be completed by the Dentist)

Table with 5 columns: Tick, Description of service, Code, Tooth #, Cost. Lists various dental services like Consultation, Xray, Filling, etc.

Table with 5 columns: Tick, Description of service, Code, Tooth #, Cost. Lists various dental services like Apexification, Implant, Extraction, etc.

Permanent Teeth

Deciduous Teeth

Upper right

Upper left

Upper right

Upper left

87654321

12345678

EDCBA

ABCDE

87654321

12345678

EDCBA

ABCDE

Lower right

Lower left

Lower right

Lower left

Physician's Signature and Stamp: Dr. Ritur Desai, General Dentist, DHA-44339326-001, DENTISTREE DENTAL CLINIC, Date: 31-05-2022

Authorization Statement

I hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and/or any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization shall be taken as the original copy. I hereby authorize MetLife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby waive MetLife from any and all liability or claim arising out or in connection with any failure and/or error in sending and receiving the SMS. I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's sanctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, MetLife will not pay a claim to individuals who: i) are residing in a sanctioned country; ii) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or iii) have traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions.

Employee's Signature : Date : 31-05-2022