For MetLife's Use Only

DENTAL FORM





MetLife, P.O.Box 371916, Dubai - U.A.E 24 Hour UAE Toll free: 800 62062

FORM No. 22050014PY09974

Fax: (971 - 4) 415 4493

MANAGED CARE CLAIM FOR	M
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Patient Name : MARIANA.LUZ

Clinic/Hosp. No: PY09974

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

1-Diagnosis: KOS-00 Aute gingivitis, plague induced KOS-10 - Chronic gingivitis,

Subscriber No. 001869372 Policy Number 6078100000 Cert. No. WZ8573 Dependent No. 3

Dental Treatment Plan (To be completed by the Dentist)

Tick	Descrition of service	Code	Tooth #	Cost
	Consultation	D0120		
	IOPA Xray	D0210		
	Panoraminc / OPG	D0330		
	Cephalometric	D0340		
	Amalgam Filling	D2150	E.	
	Composite Filling One Surface	D2330		
	Composite Filling two Surface	D2331	B	220
	Composite Filling three Surface	D2332		
	Inlay Porcelain/ Onlay Resin Filling	D2663/ D2663		
	Core Buildup Using Pins If any	D2950		
	Sedative Filling	D2940		
	Direct Pulp Capping	D3110		
	Indirect Pulp Capping	D3120		
	RCT anterior	D3310		
	RCT Bicuspid	D3320		
	RCT Retreatment Molar	D3348		
	Total cost:	,		

Permanent Teeth

Tooth Tick Descrition of service Code Cost Apexification/recalcification D3351 D6010/ Implant Endo/ Epo/ Trans 40/50 Impaction Or Surgical Removal D7210 Extraction D7140 Scaling/ Prophylaxis D1110 Fluoride Application (C) D1203 Gingivectomy D4210 Gingival Flap Surgery D4240 Crown Porcelain/ Ceramic D6740 D1515/ Space Maintainer Fixed Removable D1520 Orthodontic Treatment D8999 D9215 Local Anaesthesia Night Guard D9940 Occlusal Adjustment D9951 Medicine D9630 Others, Please Specify

Deciduous Teeth

Upper right

8765432

Upper left

Lower left

Upper left

Lower right

Lower left

General DentistLower righ DENTISTREE DHA-44339326-001

Physician's Signature and Stamp:

DENTISTREE DENTAL CLINIPate : 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