|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Special Dental Services Claim Summary Form** | | | | | | | |  |
| Claim number | |  | |
|  | | Ministry use only | |
| Claim reference (unique per claim, alpha-numeric characters only) | | | | | |
|  | | | |
| Payee number | | | |
|  | |  | |
| Agreement number | | | |
|  |  | | |
| Agreement holder’s name | | | |
|  | | | |
| Name of dental health practitioner (who treated the patients on the attached Individual Treatment Report/s) | | | | | | | | | |
|  | | |  | | | | | | |

DCNZ number (of health practitioner who treated the patients on the attached Individual Treatment Report/s)

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| --- |
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|  |  |
| --- | --- |
| Number of patients in this claim |  |

|  |  |
| --- | --- |
| Value of treatment reports (GST exclusive) ($) |  |

|  |  |
| --- | --- |
| GST ($) |  |

|  |  |
| --- | --- |
| Total (GST inclusive) ($) |  |

Te Whatu Ora only

|  |  |
| --- | --- |
| Total paid ($) |  |

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| **Certification** |

I certify that the above and attached particulars are true and correct and comply with the terms and conditions of my agreement.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Agreement holder’s signature |  | Date (DD/MM/YYYY) |