Claim for Emergency Dental Care for Low Income Adults

Claim number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Ministry use only

Te Whatu Ora
Health New Zealand

Claim reference (mandatory and a unique number)

Payee number

Agreement number

Dental council number

Agreement holder's name

Dental practitioner's name and address

Service period from (DD/MM/YY)

Service period to (DD/MM/YY)

IF as locum tenens

Host dental practitioner's name and address

DHB associated with agreement holder's name (funder)

Host dental council number

Patient and treatment details

Date of service (DD/MM/YY)	Patient details					Tooth number	Claim code (claim code explanations on reverse)															
	Patient's NHI number (mandatory)	Last name and initials	Date of birth (DD/MM/YY)	Community Services Card number	Community Services Card expiry date (DD/MM/YY)		CON3	CON4	RAD1	EXT1	EXT3	EXT4	FIL1	FIL2	FIL3	FIL4	EMD1	EMD2	RCT1	RCT3	TAP	IAD

Treatment(s) claimed

	CON3	CON4	RAD1	EXT1	EXT3	EXT4	FIL1	FIL2	FIL3	FIL4	EMD1	EMD2	RCT1	RCT3	TAP	IAD	
Quantity claimed																	
Rate $																	**Totals**
Total $ (excluding GST)																	$
GST $																	$
Total $ (including GST)																	$

Certification

In signing this form, I certify the details contained in this form are true and correct and that I have read and complied with the declaration set out on the back of this form.

Agreement holder's signature

Date [ ][ ][ ][ ][ ][ ][ ][ ]
(DD/MM/YY)

Ministry of Health use	$	c	Certified
Total amount paid			
Date (DD/MM/YY)			

Please return to: Ministry of Health, PO Box 1026, Wellington, New Zealand. Telephone 0800 458 448.

HP 5960
February 2016

Claim header

Claim reference	Enter your own reference number for the claim. This will be used as a reference if any queries arise with processing of the claim, eg, 12345, 1234H, H1234, BROWN, BROWN2.
Payee number	Enter the payee number assigned to the organisation which the dental practitioner is representing, for the work claimed, eg, 123456.
Agreement number	Enter the agreement number and version assigned to the organisation which the dental practitioner is representing, for the work claimed, eg, 123456-01.
Dental Council number	Dental Council number of the dental practitioner who is performing the work that is being claimed for, eg, D1234.
Agreement holder's name	Enter the name of the agreement holder as this may differ from the dental practitioner who is performing the work that is being claimed, eg, Smith & Sons.
Dental practitioner's name and address	The name and address of the dental practitioner who is performing the work that is being claimed for.
Service period (from / to)	Enter the claims periods for which this claim represents in dd/mm/yy format, eg, 01/10/06.
DHB associated with agreement holder's name	Enter DHB associated with the contract for which the dental work is being claimed under, eg, Lakes DHB.
IF as locum tenens	Enter the host dental practitioner's name, address and host Dental Council number.

Patient and treatment details

Date of service	Enter the date on which the dental work was performed.
Patient details	Enter all relevant patient details
Tooth #	Enter tooth number(s) that work is being carried out on, teeth at centre of pain should be circled.
Claim code	Enter the number of times claimed against each code.

Treatment(s) claimed

Quantity claimed	Summarise the claim code totals from the Work and Patient Details area for each claim code.
Rate $	Enter the rate for the relevant claim codes, as per your agreement.
Total $ (fields)	Calculate "Total $ (excluding GST)" as "Quantity Claimed" x "Rate $". Calculate GST and enter in the "GST $" field. Enter in "Total $ (including GST)" as "Total $ (excluding GST)" plus "GST $".
Totals	On the right-hand side of the form add each line and enter as a grand total for the claim.

Claim Code explanations

Codes	Descriptions
CON3	Consultation normal practice hours
CON4	Consultation outside normal practice hours
RAD1	Intra oral periapical or bite wing radiography (per film)
EXT1	First extraction with local anaesthetic
EXT3	Surgical extraction of un erupted or partially erupted tooth not requiring removal of bone
EXT4	Surgical extraction of un erupted or partially erupted tooth with removal of bone
FIL1	One surface filling
FIL2	Two surface filling
FIL3	Three surface filling
FIL4	Restoration (including restoration of one or more cusps)
EMD1	Emergency dressing (where not an intrinsic part of another service)
EMD2	Sedative dressing
RCT1	Root canal treatment and root filling in permanent tooth per canal
RCT3	Pulp removal and dressing (posterior tooth) per canal
TAP	Treatment of acute periodontal infection
IAD	Incision and drainage of abscess or cyst

Certification

"I declare:

- "No other payment, remuneration or benefit has been or will be received in respect of the services set out in this form, except for that provided under the terms and conditions of my Agreement referred to herewith;
- "Each patient listed in this form has been advised that their personal information will be provided to the Ministry of Health and that they may access/request changes to the information;
- "I understand that this claim form will be held securely by the Ministry of Health and will be kept in confidence except as required to be disclosed by law;
- "I will retain a copy of this claim form for my own records;
- "The Emergency Dental Care Services for Low Income Adults claimed have been provided in accordance with the Agreement referred to on the front page of this form."