Special Dental Services Claim Summary Form



Claim number									
•	Ministry use only								

Claim reference (unique per claim, alpha-numeric characters only)
ayee number
greement number
greement holder's name
ame of dental health practitioner (who treated the patients on the attached Individual Treatment Report/s)
CNZ number (of health practitioner who treated the patients on the attached Individual Treatment Report/s)
Number of patients in this claim
Value of treatment reports (GST exclusive) (\$)
GST (\$)
Total (GST inclusive) (\$)
Te Whatu Ora only
Total paid (\$)
Sertification Se
ertify that the above and attached particulars are true and correct and comply with the terms and nditions of my agreement.
greement holder's signature Date (DD/MM/YY)