

# PAID CLAIM ADJUSTMENTS

## Dental 283

For the attention of Operations

**DENTIST'S NAME & ADDRESS**

Enter clearly, inc postcode

**SCHEDULE DATE**

**MONTH**

**YEAR**

**LIST No.**

**DENTIST'S SIGNATURE**

**DATE**

### CLAIM DETAILS

Case ID No	Patient's Full Name	Completion Date	Amount Authorised
<b>Item of Discrepancy</b> <small>(Detail tooth notation for tooth specific items)</small>			
<b>Practitioner Services reply</b>			
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