Practitioner Services

DENTIST'S NAME & ADDRESS

PAID CLAIM ADJUSTMENTS Dental 283



For the attention of Operations

Enter clearly, i	nc postco	ode		SCHEDULE I		T No.
				DENTIST'S S	IGNATURE	DATE
CLAIM DETAILS						
Case ID No		Patient's Full Name			Completion Date	Amount Authorised
Item of Discrepancy (Detail tooth notation for tooth specific items) Practitioner Services						
reply Case ID No		Patient's Full Name			Completion	Amount
Case ID No		Patient's Full Name			Date	Authorised
Item of Discrepancy (Detail tooth notation for tooth specific items)						
Practitioner Services reply						
Case ID No		Patient's Full Name			Completion Date	Amount Authorised
Item of Discrepancy (Detail tooth notation for tooth specific items)						
Practitioner Services reply						