

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 No.	Enter the Payee Number assigned to the organisation which the dental practitioner is representing, for the work claimed. eg. 123456
Agreement No.	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 No.	Dental Council No. 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 claim 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 No.

Work and Patient Details	
Date of Service	Enter the date on which the Dental work was performed
Patient Details	Enter all relevant Patient details
Tooth #	Enter Tooth No(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

Work Costs 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 \$ (excl GST)" as "Quantity Claimed" x "Rate \$". Calculate GST and enter in the "GST \$" field. Enter in "Total \$ (incl GST)" as "Total \$ (Excl GST)" plus "GST \$"
TOTALS	On the right hand side of the form add each line and enter as a grand total for the claim

Certification	
<i>"I declare:</i>	
<ul style="list-style-type: none"> • "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 HealthPAC, a unit of 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 HealthPAC 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." 	

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 unerupted or partially erupted tooth not requiring removal of bone
EXT4	Surgical Extraction of unerupted 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