DCAF 2.0

To be completed & ID verified by the reception/nurse:

Provider Name: .....

Insurance Company Name: .....

TPA Company Name: .....

Patient File Number: .....

Date of visit ..../.../....

Plan Type ( ) | New visit ( ) | Follow Up ( )

Print/fill in clear letters or emboss card:

Insured Name .....

ID. Card No. ..... Sex ..... Age .... Y

Policy Holder ..... Policy No .....

Expiry Date ..../..../....

Class .....

Approval .....

To be completed by the Dentist:

Duration of Illness: ..... (Days)

Chief Complaint & Main Symptoms: .....

.....

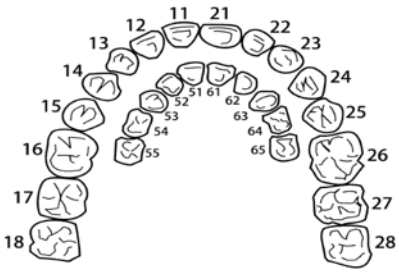
Significant Signs: .....

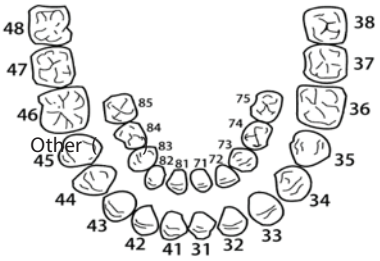
Diagnoses (ICD10) .....

Primary .....

Secondary .....

Other Conditions .....





Please tick (✓) where appropriate:

Regular Dental Treatment ( ) Dental Cleaning ( )

Trauma Treatment Specify : RTA ( ) Work Related ( ) Other .....

How: .....

When: ..... Where: .....

Specify the recommended procedures using the tooth number as shown on the teeth map above:

Code	Dental Service	Tooth No.	Cost
		Total	

Providers Approval/Coding Staff must review/code the recommended service(s) and allocate cost and complete the following:

Completed/Coded By ..... Signature : ..... Date ..../..../....

Medication Name (Generic Name)	Type	Quantity

I hereby certify that ALL information mentioned are correct and that the medical services shown on this form were medically indicated and necessary for the management of this case.

Dentist Signture Stamp Date

.... ( ) ..../..../....

I hereby certify that ALL statements and information provided concerning patient identification and the present illness or injury are TRUE.

Name and relationship (if guardian): .....

Signture (*) ..... Date ..../..../....

For Insurance Company Use Only:

Approved ( ) Not Approved ( ) Approval No: ..... **Approval Validity :** ..... **Days**

Comments (include approved days/services if different from the requested) .....

Approved /Disapproved By ..... **Signature** ..... **Date** ..../..../....

(*) This is applicable only in case of manual DCAF