

Outpatient Dental Claim Form Sample Format

The **outpatient dental claim form** sample format is designed to simplify the submission process for dental insurance claims. This standardized form ensures accurate and complete information is provided for efficient claim processing. Utilizing this format helps both patients and insurers manage dental treatment expenses effectively.

1. Patient Information

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Gender	<input type="text"/> Select <input type="button" value="▼"/>
Contact Number	<input type="text"/>
Policy Number	<input type="text"/>

2. Dentist/Clinic Information

Name of Dental Surgeon/Clinic	<input type="text"/>
Registration Number	<input type="text"/>
Contact Number	<input type="text"/>
Clinic Address	<input type="text"/>

3. Treatment Details

Date of Treatment	<input type="text"/>
Diagnosis	<input type="text"/>
Treatment Description	<input type="text"/>
Total Amount Charged	<input type="text"/> USD

4. Attachments

- Copy of prescription/bill
- Payment receipt(s)
- Any other supporting documents

Choose File

No file selected

5. Declaration

I hereby declare that the information provided is true and complete to the best of my knowledge. I authorize the insurer

to process my claim as per policy terms.

Signature of Patient	_____
Date	_____

[Submit Claim](#)