Latrobe HEALTH SERVICES
EveryBody benefits from our health cover

Latrobe Health Services Limited
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Member Service enquiries 1300 362 144

Orthodontic Treatment Form

This form is to be completed and signed by the dentist/orthodontist providing the service and submitted with your first orthodontic claim.

Member details

Member name

Membership number ☐☐☐☐☐☐☐☐

Address

Postcode

Patient details

Patient name

Date of birth / /

Provider details

Provider name

Provider number ☐☐☐☐☐☐☐☐

Address

Postcode

Details of treatment

Complete treatment case ☐ Fixed appliance/s ☐ Removable appliance/s

Minor treatment case ☐ Fixed appliance/s ☐ Removable appliance/s

Description of service

Treatment to commence / /

Expected duration of treatment

Estimated cost of treatment $

Costs of treatment

Code	Fee	Notes
Case notes	$	
Initial payment	$	
Progress payment	$	
Other payment plan	$	
Total fee:	$	

Provider signature

Date signed / /

Private Health Insurance Code of Conduct™

Latrobe Health Services proudly supports and complies with the Private Health Insurance Code of Conduct

MEMBERS OWN HEALTH FUND