

Demande de paiement

Services dentaires – Professionnel désengagé

The role refers to the role assumed by the professional when providing the service. Enter the role number: 1=Head/Supervisor

1. Renseignements sur le professionnel

Nom de famille	Prénom	Rôle	Numéro du professionnel <small>Dentist's permit number (five digits)</small>
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2. Renseignements sur la personne assurée

Nom de famille	Prénom	Numéro d'assurance maladie <small>The medicare card must be valid.</small>		
Diagnostic <input checked="" type="checkbox"/> CIM-9 <input type="checkbox"/> CIM-10	<small>The RAMQ recommends using the CIM-9 list (ref.: list of diagnoses - Liste des diagnostics). Enter the diagnosis code number included in the CIM-9 classification system.</small>		Date de naissance <small>Année Mois Jour</small>	Sexe <input type="checkbox"/> M <input type="checkbox"/> F
Situation de la personne assurée (délai de carence) <small>This box will not be filled in often (e.g. child under one year of age). As required, specify the particular situation of the person requiring care (ref. p.7-9 of the guide to fee-for-service billing, Guide de facturation - rémunération à l'acte pour les chirurgiens dentistes ou autre).</small>				

3. Renseignements sur les services couverts

Date de service <small>Année Mois Jour</small>	Heure de service <small>If required (e.g. when a dentist travels to provide the care)</small>	Lieu de dispensation <small>Enter the postal code and the place where the service was provided. Enter the code, if the place has a code, or the office number, where applicable.</small>	Précision/Secteur d'activité <small>Specify only when the care is provided in hospital</small>	
Code de facturation	Dent	Surface	Élément de contexte	Élément de mesure
<small>Enter the agreement codes according to the services provided.</small>	<small>Enter the tooth number when required by the billing code.</small>	<small>Enter the surfaces treated.</small>	<small>If required, allows the dentist to describe the context in which the service was provided and apply the provisions of the Agreement, such as in the case of a 50% change (See the list of contexts on the RAMQ's site and on page 17 of the billing guide - Guide de facturation).</small>	<small>Not often applicable in private offices. Enter one of the following measurable elements if required (distance one way or duration of administrative activities (See page 24 of the billing guide - Guide de facturation).</small>
Professionnel en référence <small>Referring professional. Enter the professional's 6-digit RAMQ number (2. - permit no.). If the number is not available, enter the professional's first and last name and profession.</small>	Lieu en référence <small>Not frequently applicable in private offices. Refers to a different place from the place where the service was provided. This is where you identify that place, which is different than the place shown on the invoice, but whose information is necessary to evaluate the service (e.g. place where a patient was taken in when multiple establishments are involved in the care or in the event that the dentist travels to provide the care).</small>	Date de l'autorisation de la prothèse <small>Enter the date of authorization shown on the acrylic dental prosthesis application form.</small>	<small>Année Mois Jour</small>	

4. Signature du professionnel

Je certifie avoir rendu les services inscrits à la section 3.

Signature du professionnel ou de son mandataire

Réservé à la RAMQ

Non recevable : _____

Conforme Non conforme : _____