

DENTAL INSURANCE CLAIM FORM | Cavitas dental insurance | Terms and conditions HRK-4/2020

In order to handle information on your dental invoice correctly and to process your claim quickly, it is necessary for you to fill in the claim form below, using the information on the dental invoice or asking your dentist for help. Enter your name, ID number, dentist registration number, practice name, the treatment date, the quantity of the treatment(s) done and the fee charged for the treatment(s) done.

NB! Please be aware not all procedures on your dental invoice are necessarily covered and are not found in the list below.

NB! All items on this list below are not necessarily covered by your policy and will be processed according to your policy rules.

This claim form, your dental invoice and proof of payment must be scanned or photographed and submitted online at <https://hambaravikindlustus.denisglobal.com/>.

First Name		Last Name		ID Number	
Dentist Code				Pre-authorisation approval No	

Code	Treatment description	Treatment Date	Quantity	Tooth Numbers	Fee
HRK001	Intraoral X-ray			No need	
HRK002	Digital X-ray full mouth			No need	
HRK003	3D X-ray			No need	
HRK010	Local anesthesia			No need	
HRK011	Anesthesia injection			No need	
HRK012	Small filling, 1 surface – glassionomer				
HRK013	Composite filling, 1 surface - light cured				
HRK014	Medium and deep filling, 1 surface – glassionomer				
HRK015	Medium and deep filling - light cured				
HRK016	Filling, 2 surfaces – glassionomer				
HRK017	Composite filling, 2 surfaces - light cured				
HRK018	Composite filling, 3 surfaces - light cured				
HRK019	Denture repairs incl adding a tooth				
HRK020	Extraction of single-root tooth				
HRK021	Extraction of multiple-root tooth				
HRK022	Difficult extraction of multiple-root tooth				
HRK023	Extraction of retained tooth				
HRK024	*Wisdom tooth removal				
HRK025	Abscess drainage				
HRK027	Cofferdam			No need	
HRK110	Hemostasis			No need	
HRK061	Sutures			No need	
HRK062	Remove sutures				
HRK030	Opening the cavity, placing the drug and a temporary filling				
HRK057	Remove old root canal filling				
HRK031	Changing the drug in the root canal				
HRK032	Cleaning and enlarging one root canal				
HRK033	Cleaning and enlarging every subsequent root canal				
HRK034	Filling of one root canal				
HRK035	Filling of every subsequent root canal				
HRK036	Gingival plastic surgery			No need	
HRK038	Occlusal index, silicone				
HRK039	Occlusal index, alginate				
HRK037	Preparation of tooth for crowning				
HRK040	Cast post and core restoration				
HRK041	Additional post				
HRK044	* Crown				
HRK058	* Pontic or Maryland bridge – covering 1 missing tooth				
HRK056	Crown cementing				
HRK120	* Temporary Crown				
HRK046	*Partial denture			No need	
HRK047	*Full denture (top and bottom jaw)			No need	
HRK051	Treatment of alveolitis			No need	
HRK052	Treatment of pericoronitis (3rd molar problematic eruption)				
HRK055	Remove broken instruments from root canal				
HRK060	*Placement of implant				
HRK078	*Implant abutment				
HRK068	*Implant crown				
HRK064	Gum former				
HRK071	Mucoperiosteal flaps			No need	
HRK067	Implant check-up			No need	

*In case of policy terms and conditions version HRK-4/2020 (valid from 01.08.2020) treatment need to be pre-authorized by claims administrator in order to be covered by insurance. Please enter pre-authorization approval number given by claims administrator into the table above.