

CLAIM FORM

Care provided in Belgium, France, Grand Duchy of Luxembourg, Germany and Netherlands.

Please enclose the attestation of care provided **OR** a fee note if this type of care is not reimbursable by the sickness and invalidity insurance.

TO BE COMPLETED BY THE SERVICE PROVIDER

Identity patient:

Type of care	Type of services	Number of tooth or quadrant (Q1, Q2, Q3, Q4)	Date of service			INAMI code (Only in Belgium)	Sub-amount by benefit type
			day	month	year		
Preventive care - 8981011 mouth examination, DPSI index, scaling, prophylactic hygiene, sealing, consultation (301011, 301092, 301114, 371011, 371092, 371114, 102012 and 102535 (by a stomatologist), 101054)							
						Subtotal:	
Curative care - 8981022 consultation, urgent consultation, dental extraction, denture maintenance treatment, X-ray, minor surgery, supplements for urgent consultation							
						Subtotal:	
Periodontics - 8981033 except DPSI index							
						Subtotal:	
Dentures and implants - 8981044 Work on dentures + INAMI code of dentures Fixed prostheses Removable prostheses	<input type="checkbox"/> bridge <input type="checkbox"/> crown <input type="checkbox"/> implants <input type="checkbox"/> facets <input type="checkbox"/> inlay/onlay <input type="checkbox"/> other : <input type="checkbox"/> total <input type="checkbox"/> partial <input type="checkbox"/> skeletal <input type="checkbox"/> removable implant retained dentures <input type="checkbox"/> other :						
						Subtotal:	
Orthodontics - 8981055 <i>In case of spread payment of the orthodontic appliance, the installation of the appliance: / / 20..... (see point 5 overleaf).</i>							
						Subtotal:	

Date and signature of service provider:

The signatories attest to the true and correct nature of the content.

Stamp of service provider

TO BE COMPLETED BY THE BENEFICIARY

Name and first name:

In case of accident, please state whether it is an accident:

in private life at work sport date:

Is another insurance organisation contributing to the costs? yes no

If yes, which one?

If you want the intervention to be paid into a different bank account than the one that is known to us, please give the details below and sign.

Bank account - IBAN-code:

Attach a mutual insurance company vignette here

To facilitate my reimbursement I hereby authorise the SMA "Mutuelle Entraide Hospitalisation" to request from my mutual insurance company details of the invoice reimbursed under my compulsory insurance cover.

Certified as true and sincere,
Signature :

Instructions for the Dentalia Plus policyholders w

- Please make sure you bring a form "Claim Form Dentalia Plus" with you at each appointment with the dentist.
- Please ask your dentist to fill in the form "Claim Form Dentalia Plus" at each appointment, when an attestation of care or a fee note is provided to you.
- Please fill in and sign the part "To be completed by the beneficiary".

The attestation of care OR the potential fee note has to be enclosed with this Claim form.

Instructions for the service providers

1. Please provide the patient with the form "Claim Form Dentalia Plus" whenever you establish an attestation of care provided or, more generally, every time you charge fee for completed treatments.
2. It is essential to spread out your fee in 5 subtotals, as the handling of the reimbursements differs according to the type of care.
3. It is not necessary to detail the type of care for attested care, as the INAMI code is sufficiently clear. On the other hand, it is essential that you spread out the total of your fee in the 5 subtotals.

If an attestation of care provided is enclosed with the form, it is not necessary to copy again the dates, INAMI codes and numbers of teeth mentioned on the attestation of care provided on the present form. You only have to write "see attestation of care provided number xxxx from xx/xx/20xx". **Only the amount(s) of the subtotals has(ve) to be mentioned on the form.**

4. In case of care not covered by the INAMI, it is necessary to detail the care provided EITHER on the Dentalia Plus form OR on your enclosed fee note.
5. In case of spread payment of the orthodontic appliance, please mention the installation date of this one. Please also spread out the amounts between appliances and other orthodontic services.

As a reminder:

- Purely aesthetic care such as teeth whitening or multiple facets is not supported by Dentalia Plus.
- Only the care opened to the practitioners of dentistry is taken into consideration. See our general terms and conditions on www.dentaliplus.be