



**Explanation to the periodontics specialist regarding submitting a form as to periodontal treatments**

- The periodontal treatment may be provided only at a periodontics specialist with a specialization certificate on behalf of the Israeli Ministry of Health.
- Insureds in need of a periodontal treatment and asking the insurance company for a reimbursement in respect of such treatment must receive the insurance company's approval in advance for the surgical treatment.
- Except checks and prophylaxis periodontal treatments, it is not advised to start a surgical treatment without an approval in advance, otherwise the patient may not receive any reimbursement from the company.
- When joining the requested treatment plan, an up-to-date dental radiographs should be submitted.

Thank you in advance for your cooperation!

Agent name	Insurance company
Request No.	Policy No.

Please fill in the form using a pen only, and not a pencil

**Dental insurance**

Check in the box the purpose of your request

- Mouth mapping
- Periodontal check
- Request for the approval of periodontal plan
- Appeal / Clarification
- Claim

1. Personal details of the insured / patient		
I.D. no.	Last name	First name
Address (street, House no., Town)		Zip code
Cellphone no.		Agreement type

2. Particulars of the specialist	
I.D. no.	Dentist name
License no.	Dentist under agreement
	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that I would like to perform the following treatments	
Dentist signature and stamp	Date
★	

3. Remarks / Clarification

	★ signature
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4. Check up findings and periodontal treatment plan																	
Mark a missing tooth with X.																	
In case of pockets depth extending 4 mm' – deepest zone should be pointed out.																	
Upper jaw	Treatment cost																
	Treatment plan																
	Bone loss	0	1	2	3	0	1	2	3	0	1	2	3				
	GI	0	1	2	3	0	1	2	3	0	1	2	3				
	Calculus	0	1	2	3	0	1	2	3	0	1	2	3				
	Mobility (2) (3)																
Lower jaw	Depth of pockets																
	Tooth No.	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	Tooth No.	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	Depth of pockets																
	Mobility (2) (3)																
	Calculus	0	1	2	3	0	1	2	3	0	1	2	3				
GI	0	1	2	3	0	1	2	3	0	1	2	3					
Bone loss	0	1	2	3	0	1	2	3	0	1	2	3					
Treatment plan																	
Treatment cost																	

Code	treatment name
Treatment plan	
801	Root planning / curetage
210	Gingivectomy
802	Periodontal surgery (1/6 mouth Flap operation Muco – gingival surgery)
803	Abscess drainage
805	Light curing splint
800	Periodontal check
813	Night splint
Bone loss	
0	None
1	Initial
2	Moderate
3	Advanced
Symptoms of GI inflammation	
0	None
1	Slight – no bleeding
2	Moderate bleeding during examination
3	Severe spontaneous bleeding
Calculus	
0	None
1	Minimal
2	Moderate
3	Extensive
Degree of tooth mobility	
2	Horizontal
3	Vertical
Diagnosis	
0	No periodontal disease
1	Gingivitis
2	Initial periodontitis
3	Moderate periodontitis
4	Advanced periodontitis



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