



**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	0	1	2	3																					
	GI	0	1	2	3	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	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	0	1	2	3																					
GI	0	1	2	3	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	0	1	2	3																						
Treatment plan																																						
Treatment cost																																						

Code	treatment name
<b>Treatment plan</b>	
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
<b>Bone loss</b>	
0	None
1	Initial
2	Moderate
3	Advanced
<b>Symptoms of GI inflammation</b>	
0	None
1	Slight – no bleeding
2	Moderate bleeding during examination
3	Severe spontaneous bleeding
<b>Calculus</b>	
0	None
1	Minimal
2	Moderate
3	Extensive
<b>Degree of tooth mobility</b>	
2	Horizontal
3	Vertical
<b>Diagnosis</b>	
0	No periodontal disease
1	Gingivitis
2	Initial periodontitis
3	Moderate periodontitis
4	Advanced periodontitis

