

## **DENTAL INSURANCE**



Wh	en y	you have	comp	let	ed th	is for	m, p	ease ser	nd it	by e	mail to	ser	vices	@har	el-in	s.co.il	lalo	ong v	vith a	any i	necessary do	cumentation.
Do	es t	he form ı	efer t	0 6	a con	tracte	ed p	hysician	? □ \	Yes [	□No											
		dated list e by sear								_		ecial	lizatio	n an	d are	ea of	you	ur re	siden	ce c	an be found	on the Harel
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	De	tails of th	e Phy	/sic	ian																	
	Nu	mber of p	nysicia	n/d	clinic			Α	ddre	ss of	physician/clinic					Li	License no. of attending physician					
	Clinic telephone number					N	lobile	e pho	one						Name of attending p				ng physician	g physician		
		ans of pa												D::								
	If your claim is approved, the payment will be transferred to you using the Bit payment app for those aged 18 and over.  We will wait for confirmation of the details for payment using the app. If we do not receive your confirmation, we will transfer to payment to the bank account provided on this form.																					
	Telephone number associated with the patient's Bit account  Cell phone number																					
	Ba	nk accou	nt de	tail	ls for	trans	fer c	of funds	if th	e cla	aim is a	appr	oved									
	The	e bank de	tails li											f coui	rse b	e pos	sibl	e to	upda	te th	ne details wh	en submitting
		other requ nk accoun		be	r			В	ranch	n nu	mber						N	ame (	of bai	nk		
	De	tails of th	e Pat	ier	nt																	
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a n	ew		we w	ill s	send a																	d not provide , we will send
		ocedure [			ravs a	ccorc	lina	to the n	roce	dur	e as lis	sted	on th	ie oth	ner si	ide -	Inst	truct	ions :	for (	Completion-	is required )
	(The inclusion of X-rays according to the procedure, as listed on the other side - Instructions for Completion- is required.) On the other side of this page, we include a table of procedures and reasons for the procedure. 1. Find the type of procedure you										rocedure you											
	received and list the code that appears next to it in the table. 2. There are 3 types of procedure for which there is also a code for the reason. If this is the type of procedure you underwent, list the reason code. Inclusion of dental X-rays is required. Do not forget to																					
	attach dental X-rays to this form in correspondence with the procedure.											not lorget to										
	For	r your convenience, we have marked the places in which is it mandatory to attach X-rays.  Procedure code Reason From To Mark the filling surfaces with Date of Amount Invoice																				
					code tooth too								cc	completion of the procedure (for claim or			paid for the	number**				
																or cla quiry			procedure			
	1.										CL/V	В	L/P	D	0	М				T		
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<sup>\*</sup>The column "to tooth" refers to rehabilitation/gum procedures. \*\*Attach an original tax invoice to the claim.



Physician's Comments

## **Important Note**

Please note that it is not possible to claim a refund for the same amount from different parties (such as other insurance companies or HMOs) and receipt of double refunds is a violation of the instructions of the law and the instructions of the insurance policy. By signing below, I confirm and undertake to report to Harel Insurance Company any monetary payment I receive from any other party in regard of this invoice, and I hereby confirm my waiver of medical confidentiality in favor of Harel and instruct its provision of any information from my medical file and/or the medical record from any institution as necessary to the Insurer in order to settle my request. I have and will not have any complaint and/or claim to any party in regard of this request of mine.

Signature of the Insured:

Reason	Procedure name	Procedure	X-Ray						
Code	Procedure Harrie	code	Before	After					
	Diagnosis	ı		I					
	Periodic oral assessment - known patient	D0120000							
	Bitewing X-rays - 2 X-rays	D272000	Х						
	Periapical X-ray	D0220000	Х						
	Panoramic X-ray	D0330000	Х						
	Full dental status X-ray using paralleling	D0210020	Х						
	technique								
	Cephalometric X-ray	D0340000	Х						
	Tomography of temporomandibular joint	D0322000	Х						
	Mouth/face X-rays	D0350000	Χ						
	Diagnostic casts, die and study model	D0470000							
	Prevention		Г						
	Preventative treatment - adult,								
	removal of layer, plaque and stains in permanent and transitional dentition	D1110000							
	Fissure seals, for each tooth	D1351000							
	Preservative Dentist	ry							
-	Restoration of amalgam, 1 surface, primary or permanent dentition	D2140000							
	Complex restoration on resin/acrylic basis, 1 surface, frontal	D2330000							
	Root Canal								
	Root canal - not including final								
	restoration	D3310000	Х	Х					
	Renewal of root canal	D3346000	X	X					
	Reasons for RC/Renewe	d RC							
51	RC due to caries								
52	RC as result of a process								
54	RC as a result of a gum problem								
57	RC for prosthetic/aesthetic purpose								
81	Renewed RC for prosthetic purpose								
82	Renewed RC a result of a process								
83	Renewed RC as result of incomplete RC Pulpotomy of primary or permanent	D3220000	Х						
	tooth Apexification	D3220000	X						
	Surgery	D3331000							
	Extraction, erupted tooth or exposed	D7140000	Х						
	root, 1 tooth	D7140000	^						
	Surgical extraction - tooth erupted into mouth	D7210000	Х						
	Surgical extraction - tooth impacted in soft tissue	D7220000	Х						
	Surgical extraction - tooth fully impacted in hard tissue	D7240000	Х						
Reasons for Extraction									
60	Extraction due to extensive crown decay								
61	Extraction due to a gum problem								
64	Extraction for orthodontal purpose								
67	Extraction for prosthetic purpose								
68	Extraction of extra tooth								
	Apicoectomy (root end surgery)	D3410000	Х						
	Hemi-section	D3920000	Х						
	Incision and draining of tooth abscess - in soft tissue in mouth	D7510000	Х						
Other procedure									
	First aid - treatment of toothache	D9110000	Х						
	Permanent space maintainer - insertion	D1510000	Х						
			1	1					

Reason	Procedure name	Procedure	X-Ray		
Code		code	Before	After	
	Diagnosis  Core buildup,including different				
	kinds of pins	D2950000	X		
	Cast post and core in addition to crown	D2952000	Х	Х	
	Porcelain crown fused to predominantly base metal	D2751000	Х	Х	
	Reasons for restorative procedure				
10	Structure/crown after root canal				
11	Structure/crown for aesthetic reasons				
12	Structure/crown as result of crown destruction				
13	Bridge due to extraction				
14	Replacement of restoration due to RC/renewed RC				
15	Replacement of restoration for aesthetic reasons				
16	Replacement of restoration due to caries				
17	Replacement of restoration after extraction				
	Dentures and Repair	rs			
	Partial denture, upper jaw on resin base	D5211000	X		
	Removable partial denture of vitalium	D5213000	X		
	Complete denture  Adding a tooth to an existing partial	D5213000 D5650000	^		
	denture  Adding a clasp to an existing partial	D5666000			
	denture	23000000			
	Repair broken complete denture base	D5510000			
	Adding a tooth to an existing partial denture	D5650000			
	Repair denture cast framework (soldering)	D5620000			
	Rebase complete denture	D5710000			
	Reline complete maxillary denture (clinic)	D5730000			
	Reline complete maxillary denture (lab)  Labial veneer (resin laminate)	D5750000 D2960000	X		
	Precision/semi-precision attachment	D6950000	X		
	to permanent partial denture		.,		
	Root coping   Upper jaw tooth mark 97, lower jaw	D2975000	rk as	l	
	Implants	v, tootii iiia	1 1 30		
	Surgical placement of dental implant,	D6010000	Х	Х	
	including exposure				
	Prefabricated dental implant Porcelain crown fused to	D6056000	X	X	
	predominantly base metal	D6060000	X	X	
	Orthodontics	Ι			
	Partial straightening of transitional dentition	D8020000	Х		
	Comprehensive straightening of adult dentition	D8090000	Х		
	Partial straightening of adult dentition	D8040000			
	Periodontics  Comprehensive periodontal				
	evaluation - new or known patient	D0180000			
	Incision and drainage of abscess/cyst (periodontal)	D7510000	X		
	Extra-coronal stabilization of loose teeth (composite material)	D4321000	Х		
	Crown lengthening	D4249000	Х		
	Periodontal scaling and root planning - 4 or more teeth	D4341000			
	Periodontal surgery including shaping bone - 4 or more teeth	D4260000			
	Raising flap, including root planing	D4240000	Х		
	Any other procedure not define	d in the tab	le		