



APPLICATION FOR PAYMENT OF A DENTAL CLAIM OR APPROVAL IN ADVANCE OF A PLAN FOR DENTAL TREATMENT



Upon completing this form, please send it by email to services@harel-ins.co.il along with any necessary documentation.

Type of application: ☐ Request for payment of a dental claim ☐ Request for approval of a dental treatment plan ☐ Inquiry

Date: / /

1 Details of the Physician		
Number of physician/clinic	Address of physician/clinic	License no. of attending physician
Clinic telephone number	Physician's cellphone	Name of attending physician

2 Details of the Patient				
Identity number	Policy number	Additional policy number	Telephone number	Cellphone number
First name	Last name	Address: Street	House number	City
E-mail address				

We will send updates about the progress in handling the claim to the email address you provided above. If you did not provide a new address, we will send all the updates to the address in our records from previous claims. In any other case, we will send the updates by Israel Post.

3 Details for transfer of funds after approval of the claim		
Cellphone number for transfer of payment to patient's Bit account (age 18 and up)		
Important: Please note that if we do not receive a cellphone number for Bit and confirmation of Bit or a bank account number, we will not be able to execute payment of the claim.		
We will wait for confirmation that you received the payment. If we do not receive confirmation, we will transfer the payment to the bank account as provided here:		
Bank account number of the patient for bank transfer (age 18 and up)		
Bank account number	Branch number	Name of bank

We request that you enter the procedure code and reason code according to the list on the next page. If a reason code does not appear, it is not necessary to list one.

4 Procedure Details The inclusion of X-rays is required according to the procedure, as listed on the other side of the page - Instructions for Completion of the Form)														
On the other side of this page, we include a table of procedures and reasons for the procedure. We have marked the places in which you are required to attach X-rays.														
	Procedure code	Reason code	From tooth	To tooth*	Mark the filling surfaces with an x						Date of completion of the procedure (for claim or inquiry only)	Amount paid for the procedure	Invoice number**	
					CL/V	B	L/P	D	O	M				
1.														
2.														
3.														
4.														

*The column "to tooth" refers to restorative/periodontic procedures. **Attach an original tax invoice to the claim.

5 Physician's Comments											

6 Declarations and Confirmation by the Patient											
It is known to me that it is not possible to claim a refund for the same amounts from different parties (such as other insurance compnies or HMOs) and receipt of double refunds is a violation of the instructions of the law and the instructions of the insurance policy. My signature is confirmation and an undertaking on my part that I will report to Harel Insurance Company any monetary payment I receive from any other party in regard of this invoice, and I hereby allow Harel Insurance Company to make any examination whatsoever regarding my entitlement to a refund/compensation in regard of this invoice.											
By signing, I confirm my waiver of medical confidentiality in favor of Harel and instruct the 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.											
Date:						Signature of the Insured:					



Reason Code	Procedure name	Procedure code	X-Ray	
			Before	After
Diagnosis				
	Periodic oral assessment - known patient	D0120000		
	Bitewing X-rays - 2 X-rays	D2720000	X	
	Periapical X-ray	D0220000	X	
	Panoramic X-ray	D03300000	X	
	Full status x-ray	D02100000	X	
	Full dental status X-ray using paralleling technique	D0210020	X	
	Cephalometric X-ray	D03400000	X	
	Tomography of temporomandibular joint	D03220000	X	
	Mouth/face X-rays	D03500000	X	
	Diagnostic casts, die and study model	D04700000		
Prevention				
	Preventative treatment - adult, removal of layer, plaque and stains in permanent and transitional dentition	D11100000		
	Fissure seals, for each tooth	D13510000		
Preservative Dentistry				
	Restoration of amalgam, 1 surface, primary or permanent dentition	D21400000		
	Complex restoration on resin/acrylic basis, 1 surface, frontal	D23300000		
Root Canal				
	Root canal - not including final restoration	D33100000	X	X
	Renewal of root canal	D33460000	X	X
Reasons for RC/Renewed 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 tooth	D32200000	X	
	Apexification	D33510000	X	
Surgery				
	Extraction, erupted tooth or exposed root, 1 tooth	D71400000	X	
	Surgical extraction - tooth erupted into mouth	D72100000	X	
	Surgical extraction - tooth impacted in soft tissue	D72200000	X	
	Surgical extraction - tooth fully impacted in hard tissue	D72400000	X	
Reasons for Extraction				
60	Extraction due to extensive crown decay			
63	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)	D34100000	X	
	Hemi-section	D39200000	X	
	Incision and draining of tooth abscess - in soft tissue in mouth	D75100000	X	
Other procedure				
	First aid - treatment of toothache	D91100000	X	
	Permanent space maintainer - insertion	D15100000	X	
	Prefabricated stainless steel crown - primary tooth	D29300000	X	

Reason Code	Procedure name	Procedure code	X-Ray	
			Before	After
Diagnosis				
	Core buildup ,including different kinds of pins	D2950000	X	
	Cast post and core in addition to crown	D2952000	X	X
	Porcelain crown fused to predominantly base metal	D2751000	X	X
	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 Repairs				
	Partial denture, upper jaw on resin base	D5211000	X	
	Removable partial denture of vitalium	D5213000	X	
	Complete denture	D5213000	X	
	Adding a tooth to an existing partial denture	D5650000		
	Adding a clasp to an existing partial denture	D5666000		
	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	D5750000		
	Labial veneer (resin laminate)	D2960000	X	
	Precision/semi-precision attachment to permanent partial denture	D6950000	X	
	Root coping	D2975000	X	
Upper jaw tooth mark 97, lower jaw, tooth mark 98				
Implants				
	Surgical placement of dental implant, including exposure	D6010000	X	X
	Prefabricated dental implant	D6056000	X	X
	Porcelain crown fused to predominantly base metal	D6060000	X	X
Orthodontics				
	Partial straightening of transitional dentition	D8020000	X	
	Comprehensive straightening of adult dentition	D8090000	X	
	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	X	
	Crown lengthening	D4249000	X	
	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	X	
Any other procedure not defined in the table				