


Physician's Comments

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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 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	D0330000	X	
	Full dental status X-ray using paralleling technique	D0210020	X	
	Cephalometric X-ray	D0340000	X	
	Tomography of temporomandibular joint	D0322000	X	
	Mouth/face X-rays	D0350000	X	
	Diagnostic casts, die and study model	D0470000		
Prevention				
	Preventative treatment - adult, removal of layer, plaque and stains in permanent and transitional dentition	D1110000		
	Fissure seals, for each tooth	D1351000		
Preservative Dentistry				
	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	X	X
	Renewal of root canal	D3346000	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	D3220000	X	
	Apexification	D3351000	X	
Surgery				
	Extraction, erupted tooth or exposed root, 1 tooth	D7140000	X	
	Surgical extraction - tooth erupted into mouth	D7210000	X	
	Surgical extraction - tooth impacted in soft tissue	D7220000	X	
	Surgical extraction - tooth fully impacted in hard tissue	D7240000	X	
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	X	
	Hemi-section	D3920000	X	
	Incision and draining of tooth abscess - in soft tissue in mouth	D7510000	X	
Other procedure				
	First aid - treatment of toothache	D9110000	X	
	Permanent space maintainer - insertion	D1510000	X	
	Prefabricated stainless steel crown - primary tooth	D2930000	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				