

**CLAIM SUBMITTING FORM | Cavitas dental insurance | Terms and conditions AMT-1/2021**

First name		Family name		ID code	
Dentist code				Pre-authorisation approval no	

Code	Treatment description	Treatment date	Quantity	Tooth number	Fee
52405	X-ray small			No need	
52406	X-ray panoramic			No need	
52407	3D X-ray			No need	
52413	Topical anesthesia			No need	
52414	Local injection anesthesia			No need	
52415	A single prefabricated post				
52416	Each additional prefabricated post				
52417	Filling small				
52418	Filling medium				
52419	Filling large				
52420	Extensive filling				
52421	Core for crown				
52423	Temporary crown (laboratory)				
52424	Temporary filling				
52426	Filling base				
52422	Temporary crown (chair side)				
52425	Temporary composite bridge				
52427	Removal of dental nerve				
52428	Medicating root canal				
52429	Opening and cleaning root canal				
52430	Opening and clening every subsequent root canal in a tooth				
52431	Re-medicating root canal				
52432	Seal first canal				
52433	Seal every subsequent canal				
52434	Surgical resection of the tooth root (apisectomy)				
52435	Primary tooth nerve removal				
52436	Murdunud juureraviinstrumendi eemaldamine kanalist				
52437	Re-prepare previously sealed root canal				
52438	Tooth build up to facilitate root canal treatment				
52439	Repair of the perforation located at root canal wall or pulp chamber floor				
52443	Periodontal surgery, per four teeth			No need	
52450	Extraction of single-rooted tooth				
52451	Extraction of multi-rooted tooth				
52452	Complicated extraction				
52454	Minor oral surgery			No need	
52456	Minor gum surgery			No need	
52457	Drain abscess			No need	
52459	Management of the post-traumatic wound			No need	
52460	Sutures			No need	
52461	Minor bone surgery			No need	
52463	Biopsy of gum			No need	
52466	*Transplantation of the tooth				
61001	*All ceramic crowns				
61002	*Ceramic-metal crown or bridge (per tooth)				
61003	*Partial crown, inlay or onlay				
61004	Temporary crown				
61005	Recement crown or bridge				
61006	Remove crown				
72001	*Removable acrylic full denture, upper or lower jaw			No need	
72002	*Removable acrylic full denture, upper and lower jaw			No need	
72003	*Removable acrylic partial denture			No need	
72004	*Removable chrome-based/cast partial denture/implant supported denture			No need	
72005	Denture repair				
83001	*Surgical implant including placement (per implant)				
83002	*Implant supported crown including abutment (per crown)				
83003	*Implant supported bridge (per piece)				
83004	*Bone graft and/or sinus lift before implant placement			No need	

\*Treatment need to be pre-authorized by claims administrator in order to be covered by insurance. Please enter pre-authorisation approval number given by claims administrator into the table above.