

**DENTAL TREATMENT PRE-AUTHORISATION FORM | Cavitas dental insurance | Terms and conditions AMT-1/2021**

First Name		Last Name		ID Number	
Dentist Code		Practice Name		Date	

Code	Treatment description	Quantity	Tooth Numbers	Fee
52466	Transplantation of the tooth			
61001	All ceramic crowns			
61002	Ceramic-metal crown or bridge			
61003	Partial crown, inlay or onlay			
72001	Removable acrylic full denture, upper or lower jaw			
72002	Removable acrylic full denture, upper and lower jaw			
72003	Removable acrylic partial denture			
72004	Removable chrome-based/cast partial denture			
83001	Surgical implant including placement (per implant)			
83002	Implant supported crown including abutment (per crown)			
83003	Implant supported bridge (per tooth)			
83004	Bone graft and/or sinus lift before implant placement			

Is the treatment to replace an existing crown/bridge/denture?	YES	NO
If YES, how old is the existing crown/bridge/denture?	Less than 5 years	More than 5 years

Please note, the insurer reserves the right to request dental records to validate anything stated on this form.