

SPECIALISED DENTISTRY APPLICATION FORM FOR IMPLANTS



Spectramed Reg No: 1141

Excluding consultations and radiographs (x-rays).

- CUSTOMER SERVICE CENTRE: 0861 497 497 • DEDICATED FAX LINE: 0861 492 492 •
- NATIONAL POSTAL ADDRESS: Private Bag X1, Gardenview, 2047 •

INSTRUCTIONS TO COMPLETE THE APPLICATION FORM

Separate applications to be completed for different stages of treatment, excluding anaesthetist, hospital, dental laboratory and surgical assistant.

Please complete in block letters or typing.

Dental practitioner (provider) to complete the application form and member to sign the application form.

Please return completed application form to:

Fax: 0861 492 492

Email: dental@spectramed.co.za

Postal address: Private Bag X1, Gardenview, 2047

REQUIREMENTS AND EXCLUSIONS

Radiographs (x-ray photos) always needed for the following: an implant requirement.

Note 1: Radiographs (x-rays) will be returned to provider via postal delivery.

Note 2: Radiographs (x-rays) may be submitted via email.

Any surgery in hospital related to Implantology falls under the Scheme Rule Benefit Exclusions.

SPECTRA CAPRI, SPECTRA CYAN AND SPECTRA AQUA OPTIONS – NO BENEFIT FOR SPECIALISED DENTISTRY

DATE OF
APPLICATION

YYYY

MM

DD

DATE OF
DIAGNOSIS

YYYY

MM

DD

SECTION 1. MEMBER AND PATIENT'S INFORMATION

MEDICAL SCHEME

SPECTRAMED OPTION

NAME & SURNAME OF MAIN MEMBER

MEMBERSHIP NUMBER

NAME & SURNAME OF PATIENT

DEPENDANT CODE

PATIENT DATE OF BIRTH

YYYY

MM

DD

MEMBER TEL NO.

MEMBER CELLULAR NO.

MEMBER FAX NO.

MEMBER EMAIL ADDRESS

MEMBER'S POSTAL ADDRESS

AREA CODE

SECTION 2. CO-ORDINATING DENTAL PRACTITIONER'S INFORMATION

PRACTICE NAME

PRACTICE NO.

PRACTICE TEL NO.

PRACTICE FAX NO.

PRACTICE EMAIL ADDRESS

PRACTICE POSTAL ADDRESS

AREA CODE

SECTION 3. CLINICAL MOTIVATION FOR IMPLANT TREATMENT

1. Clinical motivation for proposed implant treatment?

2. Are there any other treatment options available or recommended? If no, please indicate reason/s?

3. Is the member's periodontal (gum) status in good condition?

SECTION 4. IMPLANTS

Preparatory phase/Phase 1/ Phase 2/ Phase 3/ final phase
Any surgery in hospital related to Implantology falls under the Scheme Rule 2013 Benefit Exclusion

Practitioner's Information (Preparatory phase, Phase 1/Phase 2)

PRACTICE NAME	<input type="text"/>	PRACTICE NO.	<input type="text"/>
TEL NO.	<input type="text"/>	PRACTICE FAX NO.	<input type="text"/>
PRACTICE EMAIL ADDRESS	<input type="text"/>		
PRACTICE POSTAL ADDRESS	<input type="text"/>	AREA CODE	<input type="text"/>

Surgical preparatory phase (pre-implant surgery)

TARIFF CODE	DESCRIPTION	ICD 10 CODE	QUANTITY	TOOTH NO. / MOUTH PART	TARIFF AMOUNT

Will this preparatory phase be charged on the same service date as implant placement/s?

Phase 1 - Surgical placement of implant

TARIFF CODE	DESCRIPTION	ICD 10 CODE	QUANTITY	TOOTH NO. / MOUTH PART	TARIFF AMOUNT

Phase 2 - Surgical Implant Exposure (if not single phase implant technique)

TARIFF CODE	DESCRIPTION	ICD 10 CODE	QUANTITY	TOOTH NO. / MOUTH PART	TARIFF AMOUNT

Will this exposure phase be charged on the same service date as implant placement/s?

Phase 3 – Prosthetics/ super structure

Phase 3 – Laboratory Technician fee or attach a quotation from Laboratory Technician

SECTION 5. TARIFF CODES AND TARIFF AMOUNTS FOR PHASE 3 - PROSTHETICS SUPER STRUCTURE

Practitioner's Information (Phase 3)

PRACTICE NAME PRACTICE NO.

PRACTICE TEL NO. PRACTICE FAX NO.

PRACTICE EMAIL ADDRESS

PRACTICE POSTAL ADDRESS AREA CODE

TARIFF CODE	DESCRIPTION	MODIFIER	TARIFF AMOUNT	QUANTITY	TOOTH NO. / MOUTH PART	PHASE	ICD 10 CODE
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SECTION 6. LABORATORY TECHNICIAN FEES

TARIFF CODE	DESCRIPTION	TARIFF AMOUNT	QUANTITY	PHASE	ICD 10 CODE
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