

Dental damage in accordance with the basic insurance (KVG)

Findings/Cost estimate



Agency/number Client number

AG CSS Kranken-Versicherung AG INTRAS Kranken-Versicherung AG Arcosana AG Sanagate AG

Dentist

Insured person's address Mr. Ms.

First name Surname

Street, house number Postcode/town

Paying agent number

1 Dental charting

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	55	54	53	52	51	61	62	63	64	65
at the time of reporting																									
(cross out missing teeth)																									
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	85	84	83	82	81	71	72	73	74	75

2 Accident

Date of accident Date of examination

Circumstances of accident

3 Accident-related findings

3.1	Total luxation (lost)	<input type="text"/>	<input type="text"/>
3.2	Luxation (displaced)	<input type="text"/>	<input type="text"/>
3.3	Subluxation (loosened)	<input type="text"/>	<input type="text"/>
3.4	Contusion (bruised)	<input type="text"/>	<input type="text"/>
3.5	Crown fracture without pulp involvement	<input type="text"/>	<input type="text"/>
3.6	Crown fracture with pulp involvement	<input type="text"/>	<input type="text"/>
3.7	Root fracture	<input type="text"/>	<input type="text"/>
3.8	Jaw bone or soft tissue	<input type="text"/>	
3.9	Damaged dentures/damaged orthodontic appliances (exact details of the nature of the work or the appliance and extent of damage)		
	<input type="text"/>		

Basic insurance (KVG) diagnosis:

KLV Art.: para. letter

Doctor's report: Yes No

4 Record of findings for accidents and illnesses in accordance with the basic insurance (KVG)

4.1	Missing teeth not replaced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.2	Defective teeth, untreated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.3	Filled teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.4	Periodontally damaged teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.5	Crowns, bridges, dentures, orthodontic appliances (nature and extent of replacement, or appliance, exact description).				
	<input type="text"/>				

