INSTRUCTIONS FOR THE DENTIST

Preparation of Data for the German Heil- und Kostenplan (HKP)

Dear Doctor,

Your patient wishes to apply for reimbursement of prosthetic dental treatment from a German statutory health insurance fund (Krankenkasse).

To enable us to prepare the official Heil- und Kostenplan (HKP) required by the Krankenkasse, we kindly ask you to complete the attached form showing the patient's current dental findings and the planned prosthetic treatment.

The form uses a simple and intuitive set of symbols. Based on this information, we will automatically prepare the German HKP.

1. Dental status

Please indicate the patient's current dental status for both the upper and lower jaw, specifying the condition of each tooth. In particular, please identify:

- missing teeth or teeth scheduled for extraction,
- existing crowns, bridges (including pontics) and dentures,
- existing implant-supported restorations (suprastructures).

*Please include **all** missing teeth and all teeth planned for extraction in both jaws. If a gap cannot be restored prosthetically because it has already been closed, please mark it as **Closed Gap**.*

2. Planned Treatment

Please indicate the planned prosthetic treatment (including the relevant tooth numbers) together with the estimated treatment costs. For example:

- crowns,
- bridges (abutments and pontics),
- partial crowns,
- removable partial or complete dentures,
- implants and implant-supported prosthetic restorations.

*If there are missing teeth or planned extractions within the area between the left and right first molars (6–6), Krankenkasse generally require a complete prosthetic treatment plan covering **all** such gaps in both the upper and lower jaw.*

3. **What Is Not Required**

You do not need to:

- complete the German Heil- und Kostenplan (HKP),
- know the German BEMA or GOZ coding systems,
- use German HKP symbols or reimbursement codes.

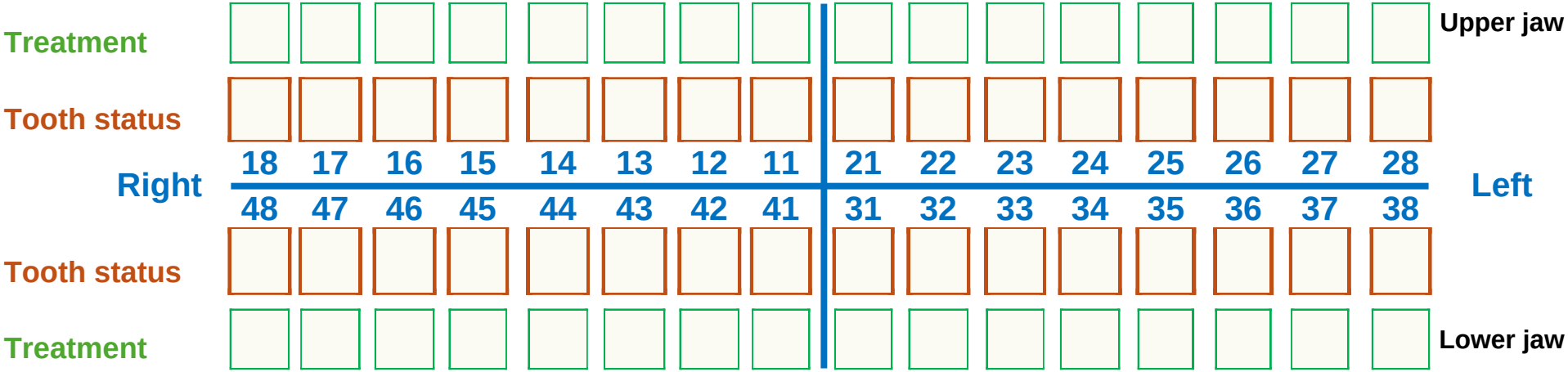
We will convert your treatment plan into the official German Heil- und Kostenplan (HKP) using the symbols and coding required by Krankenkasse.

First name | Last name | Date of birth

Street and no. | Health insurance

Postal code | Insurance no. (1 letter + 9 digits)

City | E-mail



LEGEND

Tooth status:

- missing tooth
x tooth to be extracted
k crown
b bridge pontic
= closed gap
i implant

Planned treatment:

E Tooth in removable denture
P Partial crown
K Crown
B Bridge pontic
S Implant restoration

Treatment cost (€)