



JSIS/RCAM – DENTISTRY (SINGLE FORM)

TO BE COMPLETED BY THE JSIS MEMBER

Member's name: Personnel/pension No:

Bill/estimate for: member of the scheme spouse/recognised partner dependent child (or person treated as)

- To submit a **request for prior authorisation**, please send this form with the **'estimate' section** completed and the attachments requested to the Settlements Office.
- To submit a **request for reimbursement**, please send this form with the **'fees' section** completed, the invoice/receipt/certificate of treatment ('attestation de soins') and the requested attachments. In the case of top-up cover, please also attach the cost breakdown or letter of refusal issued by the primary scheme.

The JSIS will only undertake to provide reimbursement if all regulatory provisions are complied with.

More information: <https://myintracomm.ec.europa.eu/staff/en/health>

TO BE COMPLETED BY THE PRACTITIONER

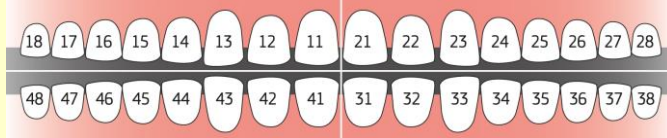
- Cost estimate***
OR
 Bill* for: First name and surname:
Date of birth:

* Select one option

PREVENTIVE CARE AND TREATMENT

Only use the relevant column

▼ **Diagram: mark the teeth concerned for the entire treatment**



Number(s) of tooth (teeth) per treatment

ESTIMATE

To be completed only for treatments linked to prostheses or implants

FEEES

- Consultation
- Intra-oral x-ray
- Panoramic x-ray, teleradiography, CBCT
- Fluoride treatment, sealing pits and fissures
- Descaling
- Filling
- Direct reconstruction, core build-up (with screw or tenon), resin inlays and facets.....
- Devitalisation and root filling
- Normal extraction, incision of abscess, esquillectomy
- Surgical extraction, impacted tooth, apectomy, root amputation, frenectomy
- Other (please specify).....

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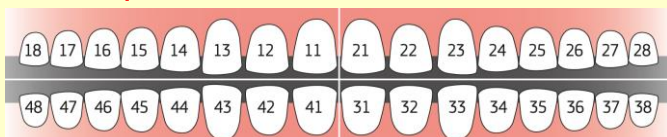
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PERIODONTAL TREATMENT

Only use the relevant column

▼ **Diagram: mark the quadrants concerned for the entire treatment**



Quadrant(s)

ESTIMATE

FEEES

▲ **For an estimate: please attach a note setting out the treatment plan**

- Periodontal examinations (DPSI).....
- Root planing
- Surgery
- Moulded periodontal retainer.....

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DENTAL OCCLUSION

Only use the relevant column

▲ **For an estimate: please attach a note setting out the treatment plan**

- Occlusal splint/night guard
- Mandibular advancement splint for OSAS

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PROSTHESES		Only use the relevant column	
<p>▼ Diagram: mark the teeth concerned for the entire treatment</p> <p>▲ For an estimate: please attach the X-rays</p>		Number(s) of tooth (teeth) per treatment	
<ul style="list-style-type: none"> • FIXED PROSTHESES Inlay core, gold, ceramic or resin inlay (indirect) Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic or resin facet (indirect) Attachment (please specify) Temporary crown or pontic tooth (including fitting and removal) Removal or replacement of fixed elements, by element Repair of crowns or elements of bridgework, by element • REMOVABLE PROSTHESES Resin base plate Tooth or clasp on resin plate Complete upper or lower denture Temporary resin base plate Temporary tooth or clasp on resin plate Metal plate (including clasps) Tooth on metal plate Repair of a resin plate, addition (replacement) of one tooth or clasp on resin or metal plate. Rebasing (partial or full/resin or metal plate) 			
		ESTIMATE	FEEES

IMPLANTOLOGY		Only use the relevant column	
<p>▼ Diagram: mark the teeth concerned for the entire treatment</p> <p>▲ For an estimate: please attach the X-rays</p>		Implant site(s)	
<p>Autogenous bone graft</p> <p>Implant fitting including preliminary study, implant, abutment, synthetic bone, membrane, disposable sterile material, local anaesthetics, surgical procedure, uncovering the head of the implant, pre-prosthetic gum surgery</p> <p>Other (please specify)</p>			
		ESTIMATE	FEEES

ORTHODONTIC TREATMENT		Only use the relevant column	
<p>▲ For an estimate: please attach an explanatory note setting out the anomalies identified, the duration of the treatment and the treatment plan</p>			
<p>Preliminary study/assessment models <i>to establish a diagnosis/treatment plan</i></p> <p>X-rays/cephalometric analyses <i>to establish a diagnosis/treatment plan</i></p> <p>Fees for the treatment including check-ups, upper/lower appliances and retainers, braces, additional cephalometric analyses/assessment models</p>		/	/
		ESTIMATE	FEEES

<p>Practitioner's stamp with phone number and country (compulsory)</p>	<p>Total estimate: (specify currency and country)</p>
	<p>Total fees: (specify currency and country)</p> <p><input type="checkbox"/> I confirm that I carried out the care/treatment indicated above from to and have received the corresponding fees*.</p> <p><input type="checkbox"/> I attach the certificate of treatment ('attestation de soins')/receipt/invoice issued in accordance with national legislation*.</p> <p>* compulsory declaration</p>
<p>Date:</p> <p>Practitioner's signature:</p>	