The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd, Helsana Accidents Ltd and Progrès Insurance Company Ltd.

Helsana

Tooth damage under the Swiss Health Insurance Act (KVG) Findings / cost estimate

Insured person	Last name, first name
Insurance no.	Street, no.
Date of birth	Postcode, town/city
Insurance company address	Helsana Group Service Center, Dental group, P.O. Box, 8081 Zurich
	Case worker Mr/Ms
	Telephone

Dentist

1 **Dental summary**
as at the date of the report
(cross out missing teeth)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

2 **Accident** Date of accident Date of clinical assessment

Accident details

3 **Accident-related findings**

		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.1	Total luxation	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.2	Luxation	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.3	Subluxation	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.4	Contusion	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.5	Crown fracture, no pulp damage	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.6	Crown fracture, pulp damage	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
3.7	Root fracture	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

3.8 Jawbone or soft tissue

3.9 Damaged dental prosthesis / orthodontic equipment
(Please provide precise details on the nature of the work and/or equipment and the extent of the damage)

KVG: **Diagnosis:**

Doctor's report: ☐ Yes ☐ No KLV Art. lit. no.

4 **Assessment for accidents and illnesses in accordance with KVG**

				8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4.1	Teeth missing, not replaced	☐ Yes	☐ No	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4.2	Teeth damaged, not treated	☐ Yes	☐ No	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4.3	Teeth with fillings	☐ Yes	☐ No	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4.4	Periodontally damaged teeth	☐ Yes	☐ No	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

4.5 Crowns, bridges, prostheses, orthodontic equipment
(Precise description of the nature and extent of work and/or equipment)

Continued overleaf

HEL-01697-en-0117-0001-37405

Insured person	Insurance no.
	Last name, first name

5 Immediate measures Diagnostic measures with description of findings
(X-ray, vitality test, movement of neighbouring teeth and antagonists)

Therapeutic measures

6 Proposals for initial treatment – expected progress from here

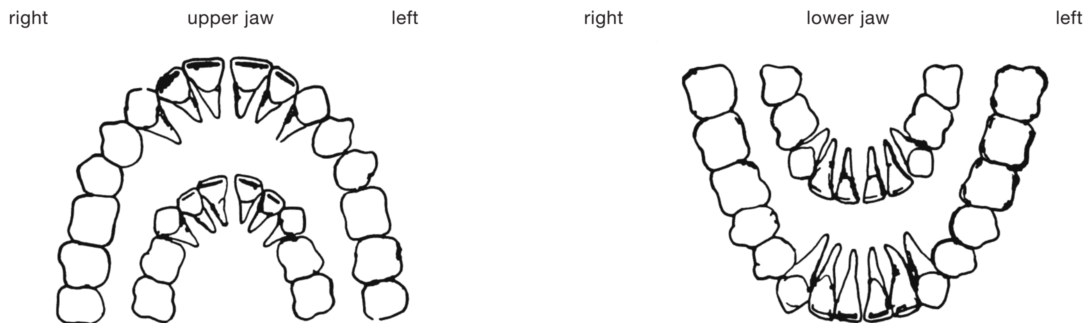
☐ Observation needed for at least ___________ years

☐ Orthodontic treatment required/more difficult after accident. Referral to SSO orthodontic surgeon reserved.

☐ Definitive treatment can only be planned after an observation period of ___________ .

7 Proposals for definitive treatment (if possible at the time of this report)

8 Tooth replacement chart (to be completed by dentist)



9 Cost estimate (please mark amounts for emergency treatment already carried out with *)

Tooth no.	Tariff no.	Treatment type	Tariff points	Tooth no.	Tariff no.	Treatment type	Tariff points
				carried over			
						Total tariff points	
				x CHF tariff points		=	CHF
				plus laboratory costs			

Place and date

Stamp and signature

Unless otherwise notified within 10 days, the cost estimate is deemed to be approved.
Please enclose any X-rays with this form (providing name, date and tooth numbers).