



Please send this form to:

HELFO
Postboks 2415
3104 TØNSBERG
Norway

Claim form for reimbursement of dental expenses incurred in another EEA country

This form is to be completed by the treatment provider when dental treatment has been provided in the EEA. The patient can claim reimbursement in Norway for dental treatment received in the EEA.

1. Personal details of patient

Surname, first names	Personal identity number
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2. Diagnosis

Medical diagnosis	Code
Dental diagnosis	ICD10 code

3. Details of treatment provider

Company name, business registration number	
Postal address	Post code, town
Country	Dentist

Yes No

Orthodontic specialist

Oral and maxillofacial surgeon

Periodontic specialist

Advanced training in prosthetic dentistry

Do you have any other relevant specialist expertise?

If yes – what relevant expertise do you have?

Enclose documentation of authorisation and specialist expertise

4. Treatment was for (tick):

- | | |
|--|--|
| <p>1. Rare medical condition – diagnosis¹</p> <p>2. Cleft lip-jaw-palate</p> <p>3. Ulcers in the oral cavity, etc.</p> <p>4. Treatment to prevent infection</p> <p>5. Diseases and anomalies in the mouth and jaw</p> <p>6. Periodontitis</p> <p>A Systematic treatment of marginal periodontitis and peri-implantitis</p> <p>B Rehabilitation after tooth loss</p> <p>7. Disorders of tooth development</p> <p>8. Improper bites</p> <p>A 100 %</p> <p>B 75 %</p> <p>C 40 %</p> <p>9. Attrition/erosion</p> | <p>10. Dry mouth (hyposalivation) resulting in increased plaque build-up</p> <p>11. Allergic reactions to dental restorative material</p> <p>12. Dental damage as part of approved occupational injury</p> <p>NAV decision date</p> <p>Teeth covered by the NAV decision</p> <p>13. Dental damage resulting from an accident that is not an occupational injury</p> <p>A Extensive dental damage after an accident</p> <p>B Traumatic dental injuries due to falling</p> <p>14. Significantly reduced ability to care for oneself due to permanent illness</p> <p>15. Own teeth absent from lower mandible</p> <p>Dentist's declaration following an occupational injury (rate L25 for form NAV13-00.08)</p> <p>X-ray requested by GP</p> <p>War pension</p> |
|--|--|

5. Course of treatments

	Yes	No
Was care provided as part of a course of treatments?		
If yes, set out the details of the course:		

¹ Rare medical conditions shall be taken to mean specific diagnoses with a prevalence of less than 1:10,000. The rare medical condition must also be permanent.

6. Treatment provided

Which currency has been used?

Date	Tooth/ surfaces	Treatment	Amount (local currency)

7. Comments – supplementary information from dentist

8. Dentist's signature

Date, dentist's signature and stamp

Capital letters:

Signature:

This form shall be completed by the dentist providing the treatment. The patient shall enclose the form when claiming reimbursement from the authorities in Norway (HELFO).

