

GROUP DENTAL CLAIM FORM
CLAIM SUBMISSION PROCEDURES

Please read carefully before

1. The Great Eastern Life Assurance Company Limited (The Company) does **not admit liability** by the mere issue of this Form.
2. Please pay the dentist after your treatment and ask the dentist to complete Part II of the Claim Form.
3. Please submit the Claim Form and all claim documents (see below) within **30 days** from incurring the expenses.
4. Please submit only **original final itemised bills** (not summarized bills) and receipts. Photocopies of bills/receipts are **NOT** acceptable. Please keep details/copies for your own records as bills/receipts will not be returned.

DENTAL CODES

Code	Medication	Code
Consultation & Preventive		
Oral Examination	A1100 Analgesics - oral only	M1000
Prophylaxis	A1200 Antibiotics - oral only	
Fluoride Treatment	A1300 Administration of Local Anaesthesia	
	Sedative dressing	M1100
Endodontics		
Pulp Capping	B1100	Periodontics
Root Canal Therapy (inclusive of temporary filling)		Root Planning Per Tooth
Single Canal	B1200	Root Planning Per Quadrant
Two Canals	B1300	
Three Canals	B1400	Surgical Extractions
Crown (excluding cost of precious alloy)		Surgical removal erupted tooth
Crown - Provisional Only	C1100	Surgical removal tooth roots
Crown - Metal Full	C1200	Surgical removal impacted tooth (Simple)
Crown - Porcelain Full	C1300	-soft tissue
Crown - Porcelain bonded to metal crown	C1400	Surgical removal impacted tooth (Difficult)
Crown - Recementation	C1500	-completely bony
		Surgical removal impacted tooth (Complicated)
		-completely bony with unusual surgical approach
Dentures		
Acrylic Complete Upper	D1000	Radiographs
Acrylic Complete Lower	D1100	Periapical Film
Acrylic Immediate Upper	D1200	Bite-Wing
Acrylic Immediate Lower	D1300	Occlusal File
Acrylic Partial Denture (Including Base)		Orthopantograph
-Per Tooth	D1500	
Metal Partial Denture (Including Base)		Restorative (Filling only)
-Per Tooth	D1700	Amalgam Restorations:-
Diagnostic Plaster Cast	Q1000	Amalgam - one surface
		Amalgam - two surfaces
		Amalgam - three & more surfaces
Extractions		
Anterior Tooth	E1000	
Posterior Tooth	E1100	Composite Restoration:-
		Composite Resin - one surface
Preprosthetic Alveoloplasty		Composite Resin - two surfaces
Alveoloplasty	F1000	Composite Resin - three & more surfaces
		Retention Pins
Inlay/Onlay - Metal Composite		
Porcelain (Basic fee excluding precious alloy)		
One surface	I1600	
Two surfaces	I1700	
Three surfaces	I1800	

All claimants are to note that the benefits listed here are used as a reference guide for the dentist to complete the Claim Form. The precise terms and benefits are governed by the Master Policy issued to the Policyholder.

Important Note: Please note that, under the policy terms and condition, the policy may be void if any information provided in this claim form are made knowingly by you that it is materially false or misleading.

