DENTURE PRE-AUTHORISATION REQUEST

If you need assistance, phone the DENIS contact centre on 0861 033 647.

Denture Pre-authorisation Request

Kindly complete the Denture Pre-authorisation Request form in full and submit to DENIS via email customercare@denis.co.za.

The attending practitioner/specialist will receive a response within two working days of receipt of this form.

Dental Practitioner/Specialist

Dental practitioner/specialist: _____

Practice no: _____Tel no (w): _____

Fax no: _____ Cell phone no: _____

Email: _____

Member and Patient Details

Medical scheme: _____ Benefit option: _____

Membership no: _____

Main member

Initials: _____ Surname: _____

Patient

Full names: _____

Dependant code: _____ Patient date of birth: _____

Denture Authorisation

☑ *Indicate applicable denture type, and provide information required for plastic or partial chrome cobalt frame denture pre-authorisation -*

☐ ***Partial dentures***

Missing tooth numbers: _____

☐ ***Full dentures***

Applicable jaw (upper and/or lower jaw): _____

denis

Please complete the table below for all applicable treatment codes and associated laboratory codes:

Code	Tooth Numbers	ICD-10 Code	Quantity	Charged Amount