

DENTURE PRE-AUTHORISATION REQUEST

If you need assistance, phone the Medshield contact centre on 086 000 2120.

Denture Pre-authorisation Request

Kindly complete the Denture Pre-authorisation Request form in full and submit via email to 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

Medshield 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): _____

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

[illegible]