



SUPPLEMENTARY HEALTH CARE FUND
 Via Vicenza, 23 - 00185 Roma
 Automated Services:
 www.fasi.it
 Telephone services with operator 06/518911

DENTISTRY: UNIFIED MODEL

Fasi membership number

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Name of member

(surname first name)

(date of birth)

Name of client

(surname first name)

(date of birth)

Date of treatment plan

Use of the form as (tick):

PRE-TREATMENT PLAN (TP)

QUARTERLY REFUND CLAIM

Cancel TP no. _____

Supplement TP No. _____

Indicate in the relevant boxes, next to the tooth treated, the codes relevant to the services performed or yet to be performed; the amounts relating to services should only be indicated if you intend to use this form as a refund claim.

UPPER ARCH (indicate whether deciduous or permanent teeth by ticking the box)																
Deciduous teeth				55	54	53	52	51	61	62	63	64	65	Deciduous teeth		
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
code																
Amount €																
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code									UPPER RIGHT hemiarclh				UPPER LEFT hemiarclh			
code									UPPER RIGHT hemiarclh				UPPER LEFT hemiarclh			
code																UPPER arch
Amount €																UPPER arch
LOWER ARCH (indicate whether deciduous or permanent teeth by ticking the box)																
Deciduous teeth				85	84	83	82	81	71	72	73	74	75	Deciduous teeth		
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
code																
Amount €																
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code									LOWER RIGHT hemiarclh				LOWER LEFT hemiarclh			
code									LOWER RIGHT hemiarclh				LOWER LEFT hemiarclh			
code																LOWER arch
Amount €																LOWER arch

	Other Fasi services not related to the teeth (indicate amounts only if using this form as a Refund Claim)	Quantity	Amount	*
2592	Biopsies any type, any number, any region of the oral cavity including the tongue, or removal of mucous cysts, small neoplasms or small neoplasm-like lesions, excluding histological examination			
2645	Oral surgery operations from age 17 upwards			
2634	Partial or total selective grinding, maximum 1 session (regardless of arch) - from age 17 upwards			
2635	Diagnostic plate or orthotic or bite – indirect system - regardless of arch and not refundable in the same year as the dental treatment or in the presence of 2 total prostheses in the two arches from 21 years upwards			
2648	Diagnostic plate or orthotic or bite – indirect system - regardless of arch and not refundable in the same year as the dental treatment or in the presence of 2 total prostheses in the two arches from 21 years upwards			
2649	Endoral x-rays/bite wings			
2637	Orthopantomography of the two arches			
2638	Telecranium (any number of projections)			
2651	Intraoral photo or video from age 17 upwards			
2652	Photo of bite/reverse bite and/or photo of models in occlusion (only in relation to codes in the Orthodontics section regardless of the number of arches treated - regardless of the type of treatment).			
2663	Dentascan or cone beam volumetric tomography: 1 arch			
2664	Dentascan or cone beam volumetric tomography: 2 arches			
30300	First pedodontic consultation			
30301	Pedodontic oral hygiene - oral hygiene instruction			
30302	Fluoroprophyllaxis in paediatric dentistry			
30303	Sedation with nitrous oxide (cannot be equated with general anaesthesia - other sedation/anaesthesia already included in the services themselves) - per session - up to 16 years of age			
30315	Root planing and gingival curettage (regardless of the number of hemiarches treated) - up to 16 years of age			
30321	Small surgical operations on abscesses - up to 16 years of age			
30335	Partial or total selective grinding, maximum 1 session (regardless of arch) up to 16 years of age			
30336	Bite or orthotic appliance - regardless of arch - direct or indirect system - not refundable in association with and/or in the same year as dental treatment (any technique and/or methodology) or retainer - up to 20 years of age			
30306	Intraoral photo or video up to 16 years of age only as pre and post treatment for pedodontic prosthetic codes			
30310	Orthodontic maintenance therapy with fixed or mobile retainer regardless of the number of arches			
	Other services not covered and not refunded by Fasi			
	TOTAL AMOUNTS of all services (including those not refundable by Fasi)			

- Indicate with an asterisk if the expenditure was incurred due to an event related to third-party liability

The following documents specified in the current Nomenclature - Fee Schedule are attached with the form **(please indicate the number of attachments sent)**:

Document (copy only)	Pre-treatment	Post-treatment	Document (copy only)	Pre-treatment	Post-treatment
Orthopantomography of the two arches (OPT)			Intraoral photograph or video image		
Endoral x-rays/bite wings			Photograph of bite/reverse bite and/or photograph of study models		
Telecranium (any number of projections)			Dental laboratory certification		
Dentascan			Certification by the treating dentist		
Dentist declaration/report			Histological reports and/or copy of clinical diary		

This sheet, which is not valid for tax purposes, shows the analytical details of the services performed with reference to the invoices/receipts:

Invoice/receipt number	Invoice/receipt date	Issued by	Invoice/receipt amount
			€
			€
			€
			€
Grand Total (must be the total of the amounts above)			€

For invoices issued abroad, please indicate the country and currency

Signature of the member or eligible person

Date

Signature and stamp of Dentist

To be completed only if enrolled with a Fasi-accredited Supplementary Fund (Check list at www.fasi.it)

I request that my personal and sensitive data relating to the payment of this claim for refund be sent to the Fund specified below, which provides services that are supplementary to those of Fasi, and for this purpose I also give my consent, pursuant to Legislative Decree 196 of 30 June 2003 and Article 13 GDPR (EU Regulation 2016/679) and subsequent amendments/additions, releasing Fasi from all and any resulting liability:

Fund:.....

Personal membership code for the Fund (if any):

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Signature of member or eligible person:

Instructions for completing the UNIFIED FORM FOR DENTISTRY

Use as a “TREATMENT PLAN”.

If you need to receive dental treatment that also includes prosthetic and/or implant and/or orthodontic services, **you must send the “Treatment Plan” in advance using the new form and then:**

- give the Dentistry Nomenclature-Fee Schedule to your dentist together with the above-mentioned form (use one form for each member of the family unit covered, taking care to clearly indicate the name of the person receiving dental treatment), and ask the dentist to complete it. To complete the form, the treating dentist needs to enter the code (from the current Nomenclature-Fee Schedule) corresponding to the service to be performed under the number of the tooth location (tooth/arch/hemiarch) treated (marking the relevant box with an X if treating deciduous teeth). If the dentist cannot identify the relevant code, he/she can contact the Dental Health Information Centre, selecting option 1;
- verify, before starting treatment, whether there are limitations or obligations to be complied with for all or some of the dental services to be performed, which can be found in the current Dentistry Nomenclature-Fee Schedule. In particular, the limitations indicate whether a certain dental treatment can be repeated over time for each client in the context of obtaining refunds from Fasi. The obligations, on the other hand, indicate which diagnostic tests and/or certifications must necessarily be submitted to Fasi (e.g.: pre/post treatment X-rays, copies of histological/radiological examination reports, copies of dental laboratory certifications, intraoral photos, etc.) and without which services may not be recognised as refundable by the Fund;
- once you have obtained the “Treatment Plan” from the dentist, you can send it to Fasi digitally or by post. Using your credentials (membership number and password) to log on to your homepage, you will be able to create a “New Treatment Plan” in the “Treatment Plans” section. With a simplified and guided procedure you will be asked to complete some mandatory fields such as client name (the person who will be receiving the services) and the documentation envisaged by the Nomenclature - Fee Schedule (X-rays or photographs) and you will then be asked to upload the “Treatment Plan” previously completed by your dentist.

If the format of the X-ray documentation is not compatible with the upload system, you can send the “Treatment Plan” digitally and print out an accompanying form to be attached to the X-rays and sent by post, quoting all the reference details of the “Treatment Plan” itself.

If clients are unable to send the “Treatment Plan” telematically, they may still send it by post in the usual printed format provided that they also forward a legible photocopy or printout of the obligatory documentation (X-ray or photographic) on plain paper.

In this case, the “Treatment Plan” must be sent to:

**FASI SERVIZIO ODONTOIATRIA
Via Vicenza, 23 – 00185 Roma**

exclusively BY PRIORITY MAIL and not by registered mail.

Outcome of “Treatment Plan” verification

Upon receipt by Fasi of a “Treatment Plan” sent by the member in digital online format, the member will receive a telematic confirmation of receipt.

Within 7 working days of the aforementioned Plan's arrival at the Fund, and for each “Treatment Plan” sent, Fasi will send the outcome of an administrative check marked with a unique identification number. The member will specifically receive, by email to the address held by the Fund, a notification of the outcome being available on his/her homepage.

If the “Treatment Plan” was submitted in printed format, Fasi will send the outcome within 12 working days of its arrival. In this case, if the member/client has provided Fasi with a valid email address, the outcome of the “Treatment Plan” will be forwarded by email to the relevant address in the form of a notification of the outcome being available on his/her homepage. If the member/client has not yet provided a valid email address, the Fund will forward the outcome via ordinary mail.

The actual eligibility for refund of the services requested can only be confirmed after examining all the documentation submitted with the refund claim (copies of expenditure documents, completed quarterly claim, copies of any certifications, copies of x-rays and/or photographs, etc.).

Outcome of check on personal details/premiums paid

The outcome of the “Treatment Plan” check also includes any notifications, on the last page, of problems with personal details and/or payment of premiums (family extensions not received, premium payment irregularities, etc.), to enable the member to promptly resolve any such problems.

Changes to the “Treatment Plan”

If the treating dentist makes any changes to a “Treatment Plan” that has already been submitted to Fasi by the member, a new “Treatment Plan” form must be sent in which all services intended to be performed or in the process of being performed, but for which a refund has not yet been claimed, must be shown (further details can be found in the Dentistry Guide).

Fasi, after performing the necessary administrative and compatibility checks on the services indicated in relation to the current Nomenclature - Fee Schedule, will send the member the outcome of the new “Treatment Plan” along with a new identification number. It will also send a New Dentistry Refund Claim Form as per the paragraph “Outcome of the Treatment Plan Check”. More details can be found in the green guide.

Use as “QUARTERLY REFUND CLAIM”

ONLINE submission of quarterly claims for refund of “Indirect Provision” dental expenditure

The Quarterly Dentistry Refund Claim form - to which members must attach and upload their previously digitised expenditure documentation along with all mandatory information for the treatments performed - must be sent to Fasi telematically within the final deadlines specified in the Regulations. In particular, using his/her credentials, the member will need to log in to his/her homepage where, in the “Refund claims” section, he/she will be able to submit the relevant paperwork online by following the simplified procedure set out in the Dentistry Guide.

Online claims for refunds for dental services may be sent to Fasi without waiting for the quarter following the quarter in which the receipt was issued, provided this is done within final deadline for submission set out in Article M of the current Regulations. With regard to this, the telematic system will detect any attempt to submit a refund claim after the deadline and will block the submission of any such claim (entering a different quarter to the current one does not constitute an entitlement to a refund).

PRINTED submission of quarterly claims for refund of “Indirect Provision” dental expenditure

If it is not possible to submit a Quarterly Dentistry Refund Claim form online, the member will still be able to submit a printed form, to which he/she must attach a copy (photocopy only) of the relevant expenditure documentation along with a photocopy of all mandatory information for the treatments performed, to:

**FASI SERVIZIO ODONTOIATRIA
Via Vicenza, 23 - 00185 Roma**

by registered or insured mail, WITHOUT CONFIRMATION OF RECEIPT BY RETURN.

Unlike for the online procedure, printed refund claims for dental services must be sent to Fasi in compliance with the deadlines set out in art. M of the current Regulations (on a quarterly basis according to the quarter in which the balance expenditure is due). This must be done separately from claims for any new “Treatment Plans” or from refund claims relating to other types of services (specialist consultations, surgery, laboratory analyses, etc.), for which a different form must be used that also requires the application of a quarterly self-adhesive label.

If submission of the “Treatment Plan” is not necessary in advance, the member may simply ask his/her dentist to complete the Unified Form as a Quarterly Refund Claim. To use the Unified Form as a “Quarterly Refund Claim”, the amount invoiced by the dentist for the service performed must be indicated along with the relevant code for the service itself, and not the refund amount provided for by the Fund. The Unified Form, completed as described above, along with a copy of the expenditure

documentation and any other documentation provided for and set out in the current Nomenclature - Fee Schedule, again in photocopied format, must be sent digitally as per the procedure described in the paragraph above entitled "ONLINE submission of quarterly claims for refund of "Indirect Provision" dental expenditure", in which the "Quarterly Dentistry Refund Claim Form" must be replaced by the "Unified Form used as a Quarterly Refund Claim"

If making a printed submission, on the other hand, the Unified Form - completed as above, together with a photocopy of the expenditure documentation and any other information required, again as a photocopy - must be sent by registered or insured mail to:

FASI SERVIZIO ODONTOIATRIA
Via Vicenza 23 - 00185 Roma

in the usual way and within the stated quarterly deadlines (art. M of the Regulations), for the relevant refund.

More details can be found in the green guide.

STAMP DUTY ON MEDICAL RECEIPTS FOR REFUND

Given that:

- pursuant to article 13 of Presidential Decree no. 642/72, every invoice, note, receipt or similar document not subject to VAT, issued for an amount equal to or higher than € 77.47, must be subjected to stamp duty at the current amount of € 2.00 (pursuant to Law No. 71/2013, converting Legislative Decree No. 43/2013 with amendments), with the person issuing the expenditure document applying stamps or perforated marks. In some cases, and only for certain persons authorised by the competent bodies, this duty may be paid virtually;
- if this obligation is not complied with, an administrative penalty is payable of between 100% and 500% of the duty owing;
- any parties who sign, receive, accept or negotiate records or documents not in compliance with payment of the tax due, or who attach them to other records or documents, are jointly and severally liable to pay the tax and any administrative fines.

Should Fasi receive - for the purposes of refunds - records or documents that do not bear a stamp or perforated mark, it will be obliged to present such documents to the Registrar's Office to exonerate itself from administrative responsibility. For Fasi to be able to accept refund documentation, the member or affiliated "direct-provision" dental health facility must present Fasi with copies of invoices duly subjected to stamp duty where applicable. Members are obliged by the current regulations to pay stamp duty personally also for healthcare invoices/receipts issued by healthcare facilities and/or doctors-surgeons-dentists affiliated with Fasi for "direct-provision" services. The cost of stamp duty is not reimbursed by the Fund.