



Dental Benefit Information 2021



denis





General information

DENIS, Africa's leading dental funder, manages your dental benefits on behalf of PG Group Medical Scheme. There is a predefined benefit per procedure, which is paid at the published PG Group Dental Tariff (PDT). Your dental practitioner will also be able to provide information about your benefits, as DENIS supplies all practitioners with a chairside and benefit guide, which illustrates the dental benefits for 2021.

Benefits for dentistry are paid on a fee-for-service basis. This means that for every procedure performed by a dental practitioner, a fee is charged. These fees may differ from practitioner to practitioner. Your Scheme pays a benefit for each procedure, which may differ from the fee charged by your dental practitioner. It is your right to negotiate this difference with your practitioner.

Please familiarise yourself with the defined benefits before visiting your dental practitioner. By doing this you will be aware of what your Scheme will pay towards your treatment. You are eligible for benefits, irrespective of which dental practitioner treats you.

The information in this booklet illustrates how your benefits are structured so that you know what is covered and what is not, before your treatment is rendered.

For more information on the services rendered by DENIS, please visit www.denis.co.za.

Conservative dentistry

All conservative dental benefits are covered at the PDT.

How many check-ups am I covered for?

Two general check-ups (consultations) per beneficiary per year are covered at the PDT (general check-ups occur once every six months).

What benefits do the Scheme provide for fillings, extractions and root canal treatment?

- For extensive restorative treatment plans (multiple fillings), a treatment plan and X-rays may be requested.
- Benefits for fillings are granted once per tooth every 720 days.
- Benefits for further treatment of a tooth with an additional filling within 720 days are subject to managed care protocols.
- Extractions and root canal treatment are covered, as required, at the PDT and subject to managed care protocols.

What benefits are available for plastic dentures?

- Benefits will be granted for one set of plastic dentures (upper and lower dentures) per beneficiary in a four-year period and are subject to pre-authorisation.

Specialised dentistry

The following specialised dentistry benefits are subject to pre-authorisation:

- partial chrome cobalt frame dentures;
- crowns and bridges;
- orthodontics, implants, periodontics, hospitalisation; and
- moderate/deep sedation in dental rooms.

NOTE: Full metal frame dentures are not covered.

What is pre-authorisation?

Pre-authorisation of benefits is the prior approval of any of the specialised dentistry treatments listed above.

How do I obtain pre-authorisation?

Please call **0860 10 49 39** or email customercare@denis.co.za for pre-authorisation. Once authorisation has been obtained, cover for the treatment is subject to the Scheme rules, exclusions and managed care protocols.

What happens if I fail to apply for pre-authorisation?

If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been given, no benefit for such treatment will be granted. **This does not apply to emergency hospital admissions.**

What benefits are available for partial chrome cobalt frame dentures?

Benefits are granted for two partial chrome cobalt frame dentures (upper and lower) per beneficiary in a five-year period.

Crowns

Benefits for crowns are subject to pre-authorisation and the relevant managed care protocols. This benefit will only be granted once per tooth in a five-year period and is covered at the PDT.

What benefits are available for crowns?

Crowns are limited per family, regardless of the type of crown being placed. A maximum of three crowns per family per year will be covered.

Crown and bridge treatments that are not covered by the Scheme:

- Laboratory-fabricated temporary crowns;
- Fixed prosthodontics (such as crowns) used to repair teeth damaged due to bruxism (tooth grinding), toothbrush abrasion or attrition, and erosion or fluorosis;
- Fixed prosthodontics used to restore teeth for cosmetic reasons;



- Fixed prosthodontics where a reasonable attempt has not been made to restore/replace the tooth conservatively;
- Fixed prosthodontics where the member's mouth is periodontally compromised;
- Fixed prosthodontics where the tooth has been recently restored to function; and
- Fixed prosthodontics where the tooth is unopposed/non-functional.

NOTE: All pre-authorisation requests for crowns and bridges must be accompanied by clear clinical records (X-rays of the teeth to be treated).



Orthodontics

What orthodontic benefits are available?

Once pre-authorisation is obtained, benefits will only be considered for cases assessed as 'treatment mandatory', as per orthodontic indices. Authorised benefits are payable to a maximum of **R14 952** per beneficiary per lifetime. A deposit is paid at the start of treatment and the balance is paid over the estimated treatment period.

Orthodontic benefit protocols:

- Benefits for fixed orthodontics are only available to a beneficiary whose treatment commences from the age of 9 and younger than 18 years of age; the minimum age requirement of 9 years does not apply to preliminary orthodontic treatment.
- Only one family member may commence orthodontic treatment in a calendar year.
- Costs associated with retreatment are not covered.
- Orthognathic (jaw correction), other orthodontic-related surgery and any related hospital costs, including associated laboratory costs, are not covered.

Dental implants

Do I have benefits for dental implants?

Two implants per beneficiary in a five-year period are covered, subject to pre-authorisation. The cost of implant components is limited to **R2 604** per implant and subject to managed care protocols.

NOTE: All associated procedures, including hospitalisation and surgery, are not covered for implantology.

Periodontics

Periodontal benefits are only available to members who are registered on the periodontal programme. This benefit is restricted to conservative, non-surgical therapy only.

How do I register on the periodontal programme?

- Email your full periodontic chart of CPI scoring (supplied to you by your dental practitioner), together with your periodontal treatment plan, X-rays and a detailed maintenance plan for the remainder of the benefit year, to **perio@denis.co.za** or alternatively fax these to DENIS on **0866 77 03 36**.
- Further information may be requested to process your application.
- Periodontal benefits will only be considered for cases assessed as periodontally compromised.
- After the treatment plan and X-rays have been assessed and the periodontal benefit has been authorised, an authorisation letter will be sent to your treating dental practitioner.

NOTE: Surgical periodontics are not covered.

Oral surgery

Oral surgery in the dental chair

Oral surgery in the dental chair is covered at the PDT.

Oral surgery in hospital

Refer to general anaesthesia and hospitalisation on the next page.

General surgery exclusions

Surgical procedures (in the dental chair and in hospital) that are not covered by the Scheme:

- bone augmentations;
- sinus lifts;
- bone and tissue regeneration;
- gingivectomies;
- surgical procedures associated with dental implantology;
- orthognathic surgery;
- bone regeneration material; and
- auto-transplantation of teeth.



Dental anxiety

Some people are anxious about dental treatment and mild sedation may be required. Benefits are payable for sedation methods such as nitrous oxide (inhalation sedation in dental rooms) or sedative medication. No pre-authorisation is required for nitrous oxide or sedative medication, but moderate/deep sedation in dental rooms is subject to pre-authorisation and the relevant managed care protocols.

Note: Hospitalisation and general anaesthesia are not covered where patients require anxiety control.

General anaesthesia and hospitalisation

Costs associated with hospitalisation for dentistry are not automatically covered – it is subject to pre-authorisation and the relevant managed care protocols.

What dental procedures are covered in hospital?

Certain maxillofacial procedures are covered in hospital, subject to pre-authorisation and the relevant managed care protocols. Refer to the **general benefit exclusion summary** on page 7.

In-hospital dental treatment for children

General anaesthesia benefits are available for children under the age of 5 years who require extensive dental treatment and are subject to managed care protocols.

NOTE: Multiple hospital admissions are not covered.

Managed care protocols applicable to hospitalisation:

- Multiple hospital admissions are not covered.
- Benefits for general anaesthesia are available for the removal of impacted teeth.
- Benefits for hospitalisation for the removal of a single impacted tooth are not granted.
- Hospitalisation costs are not covered where anxiety of dental treatment is the reason for the admission.
- The requirement of a sterile facility is not an acceptable reason for hospital admission for dental treatment.
- Where a member has a history of an allergic reaction to local anaesthesia, a pathology report will be required.

General in-hospital exclusion summary

The following procedures are not covered in hospital (the member is liable for the full account):

- apisectomies;
- dentectomies;
- frenectomies;
- implantology and associated surgical procedures;
- conservative dental treatment (fillings, extractions and root canal therapy) for children 5 years and older, and adults;
- professional oral hygiene procedures; and
- surgical tooth exposure for orthodontic reasons.

How to obtain authorisation before admission to hospital

Contact DENIS on **0860 10 49 39** or email DENIS at hospitalenq@denis.co.za at least 48 hours prior to the planned procedure.

Please have the following information ready when you contact us:

- your PG Group Medical Scheme membership number;
- the date of admission;
- name of the dental practitioner, a contact telephone number and practice registration number;
- the anaesthetist's practice number and contact details;
- the name and telephone number of the hospital; and
- all relevant procedure codes and applicable tooth numbers.

In certain instances, an X-ray or clinical report will be requested in order to process your pre-authorisation. If the hospital admission is authorised, you will be supplied with an authorisation number via your preferred method of communication (fax or email). In the event of an after-hours emergency, please inform DENIS of your hospitalisation as soon as possible.

NOTE: If you do not obtain authorisation before your planned hospital admission, the associated costs (hospital and general anaesthesia accounts) will not be paid. This does not apply to emergency hospital admissions.



GENERAL BENEFIT EXCLUSION SUMMARY

The following services and products are not covered and the member is therefore liable for the total costs of these services:

Preventative care:

- oral hygiene instructions;
- oral hygiene evaluation;
- professionally applied fluoride for beneficiaries younger than age 5 and older than 13 years;
- tooth whitening;
- nutritional and tobacco counselling;
- cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments; and
- fissure sealants on patients 16 years and older.

Fillings/Restorations:

- fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis;
- resin bonding for restorations charged as a separate procedure to the restoration;
- polishing of restorations;
- gold foil restorations; and
- ozone therapy.

Root canal therapy and extractions:

- root canal therapy on primary (milk) teeth;
- root canal therapy on wisdom teeth (third molars); and
- direct and indirect pulp capping procedures.

Plastic dentures/Snoring appliances/Mouthguards:

- diagnostic dentures and associated laboratory costs;
- snoring appliances and associated laboratory costs;
- provisional dentures and associated laboratory costs;
- clinical fee for denture repairs, denture tooth replacements and the addition of a soft base to new dentures (laboratory fee covered at PDT where managed care protocols apply);
- high-impact acrylic;
- cost of gold, precious metal, semi-precious metal and platinum foil; and
- laboratory delivery fees.

Partial chrome cobalt frame dentures:

- metal base to full dentures, including laboratory costs;
- high-impact acrylic;
- cost of gold, precious metal, semi-precious metal and platinum foil; and
- laboratory delivery fees.

Crowns and bridges:

- laboratory-fabricated temporary crowns;
- crowns on wisdom teeth (third molars);
- crown and bridge procedures for cosmetic reasons and associated laboratory costs;
- crown and bridge procedures where there is no extensive tooth structure loss and associated laboratory costs;
- occlusal rehabilitation and the associated laboratory costs;
- provisional crowns and associated laboratory costs;
- porcelain veneers and inlays/onlays and associated laboratory costs;
- emergency crowns not placed for immediate protection in tooth injury and associated laboratory costs;
- cost of gold, precious metal, semi-precious metal and platinum foil; and
- laboratory delivery fees.

Implants:

- implants on wisdom teeth (third molars); and
- laboratory delivery fees.

Orthodontics:

- orthodontic treatment for cosmetic reasons and associated laboratory costs;
- orthognathic (jaw correction) surgery, other orthodontic-related surgery and any related hospital costs, including associated laboratory costs;
- benefits for fixed orthodontics are only available to a beneficiary whose treatment commences from the age of 9 and younger than 18 years of age; the minimum age requirement of 9 years does not apply to preliminary orthodontic treatment;
- costs associated with retreatment and associated laboratory costs;
- cost of invisible retainer material; and
- laboratory delivery fees.

Periodontics:

- surgical periodontics, which includes gingivectomies, periodontal flap surgery, tissue grafting and hemisection of a tooth; and
- periochip placement.



Maxillofacial surgery and oral pathology:

- orthognathic (jaw correction) surgery, any related hospital cost and associated laboratory costs;
- bone augmentations;
- bone and other tissue regeneration procedures;
- cost of bone regeneration material;
- auto-transplantation of teeth; and
- sinus lift procedures.

Hospitalisation (general anaesthesia):

- where the reason for admission to hospital is dental fear or anxiety;
- multiple hospital admissions;
- where the only reason for admission to hospital is to acquire a sterile facility;
- cost of dental materials for procedures performed under general anaesthesia; and
- hospital and anaesthetist's claims for the following procedures will not be covered when performed under general anaesthesia:
 - apicectomies;
 - dentectomies;
 - frenectomies;
 - conservative dental treatment (fillings, extractions and root canal therapy) in hospital for children older than 5 years and adults;
 - professional oral hygiene procedures;
 - implantology and associated surgical procedures; and
 - surgical tooth exposure for orthodontic reasons.



DENIS dental wellness programme

DENIS offers a dental wellness programme to all PG Group Medical Scheme members. This free service provides easy-to-understand oral health information to members and focusses on member education.

DENIS network

The DENIS network, which consists of dental service providers, offers members conservative dental treatment, without any self-funding (out-of-pocket payments).

Self-funding is when a dental service provider charges fees above the PDT and/or charges for Scheme exclusions and the member is liable for payment of the difference to the service provider. Your Scheme covers dental treatment limited to the PDT.

As all dental service providers on the DENIS network only charge a defined rate, you should not have to pay for conservative dental treatment out of your own pocket.

This includes the following treatments:

- consultations;
- oral hygiene procedures;
- fillings;
- root canals;
- plastic dentures;
- extractions; and
- X-rays.

To find a DENIS network dental service provider in your area, please feel free to contact DENIS on **0860 10 49 39**. Alternatively, you may visit the DENIS website at www.denis.co.za.

2021 PG Group Medical Scheme dental benefits

Dental benefits

Dental benefits are paid at the PG Group Dental Tariff (PDT) and are subject to managed care protocols and managed care interventions, which may require treatment plans and/or radiographs to be provided prior to benefits being granted. Scheme exclusions apply to certain dental benefits. In the event of a dispute, the registered rules of the Scheme will prevail.

PLEASE NOTE: Dental claims that are short paid will be funded by the Scheme's Administrator from your positive medical savings account.

Pre-authorisation*

- Hospitalisation and certain specialised dental procedures must be pre-authorised.
- If no pre-authorisation is obtained or if pre-authorisation is applied for after the treatment has been given, benefits will not be paid for dentures, crowns, implants, periodontics, moderate/deep sedation in dental rooms and hospitalisation.
- Failure to pre-authorise orthodontic treatment will result in payment only from the date of authorisation for the remaining months of treatment, provided that the treatment is clinically indicated.
- Pre-authorisation does not apply to emergency hospital admissions.

*** Pre-authorisation must be obtained for services marked with an asterisk in the table below and on pages 12 to 15.**

CONSERVATIVE DENTISTRY	
Consultations	Two check-ups per beneficiary per year (once every six months) Benefit subject to managed care protocols Covered at the PDT
X-rays: Intraoral	Benefit subject to managed care protocols Covered at the PDT
X-rays: Extraoral	One per beneficiary in a three-year period Additional benefit may be considered where specialised dental treatment is required Benefit subject to managed care protocols Covered at the PDT
Preventative care	<p><i>Benefit for scale and polish:</i> Two annual scale and polish treatments per beneficiary (once every six months)</p> <p><i>Benefit for fissure sealants:</i> Limited to beneficiaries younger than 16 years of age</p> <p><i>Benefit for fluoride:</i> Limited to beneficiaries from age 5 and younger than 13 years of age Benefit is subject to managed care protocols Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Oral hygiene instruction • Oral hygiene evaluation • Professionally applied fluoride for beneficiaries younger than 5, and 13 years and older • Tooth whitening

CONSERVATIVE DENTISTRY (continued)

Fillings	<p><i>Benefit for fillings:</i> Granted once per tooth every 720 days</p> <p><i>Benefit for re-treatment of a tooth:</i> Subject to managed care protocols</p> <p><i>Multiple fillings:</i> A treatment plan and X-rays may be required</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Fillings to restore teeth damaged due to toothbrush abrasion, attrition, erosion and fluorosis • Resin bonding for restorations that are charged as a separate procedure to the restoration • The polishing of restorations • Gold foil restorations • Ozone therapy
Root canal therapy and extractions	<p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Root canal therapy on primary (milk) teeth • Root canal therapy on third molars (wisdom teeth) • Direct and indirect pulp capping procedures
Plastic dentures* and associated laboratory costs	<p>Pre-authorisation is required</p> <p>One set of plastic dentures (an upper <i>and</i> a lower) per beneficiary in a four-year period</p> <p><i>Limit:</i> Benefit for plastic dentures and associated laboratory costs is payable from the available conservative dentistry limit</p> <p>Benefit <i>not available</i> for the clinical fee for denture repairs, denture tooth replacements and the addition of a soft base to new dentures; the laboratory fee will be covered (no pre-authorisation is required)</p> <p><i>Benefit for a mouthguard:</i> Benefit is available for both the clinical and the associated laboratory fee for a mouthguard (no pre-authorisation is required)</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Diagnostic dentures and associated laboratory costs • Snoring appliances and associated laboratory costs • High-impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees • Provisional dentures and associated laboratory costs

SPECIALISED DENTISTRY

<p>Partial chrome cobalt frame dentures* and associated laboratory costs</p>	<p>Pre-authorisation is required</p> <p>Two partial frames (an upper <i>and</i> a lower) per beneficiary in a five-year period</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • The metal base to full dentures and associated laboratory costs • High-impact acrylic • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
<p>Crowns and bridge* and associated laboratory costs</p> <p><i>A bridge comprises two or more crown units. Each crown is payable from the available crown and bridge benefit.</i></p>	<p>Pre-authorisation is required</p> <p>Three crowns per family per year</p> <p>Benefit for crowns granted once per tooth in a five-year period</p> <p>A treatment plan and X-rays may be requested</p> <p>Benefit subject to managed care protocols</p> <p>Pontic on a second molar, where the third molar is a crown retainer, is subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Crowns on third molars (wisdom teeth) • Crown and bridge procedures for cosmetic reasons and associated laboratory costs • Laboratory fabricated temporary crowns • Occlusal rehabilitation and associated laboratory costs • Provisional crowns and associated laboratory costs • Porcelain veneers and inlays, and associated laboratory costs • Emergency crowns that are not placed for immediate protection in the case of tooth injury, and associated laboratory costs • The cost of gold, precious metal, semi-precious metal and platinum foil • Laboratory delivery fees
<p>Implants* and associated laboratory costs</p>	<p>Pre-authorisation is required</p> <p>Two implants per beneficiary in a five-year period</p> <p>Cost of implant components limited to R2 604 per implant</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Implants on third molars (wisdom teeth) • Laboratory delivery fees

SPECIALISED DENTISTRY (continued)

<p>Orthodontics* and associated laboratory costs</p>	<p>Pre-authorisation is required</p> <p>Only one family member may commence orthodontic treatment in a calendar year</p> <p>On pre-authorisation, cases will be clinically assessed by using an orthodontic needs analysis. Benefit allocation is subject to the outcome of the needs analysis and funding can be granted to a maximum of R14 952 per beneficiary per lifetime</p> <p>Benefit for orthodontic treatment will be granted where function is impaired</p> <p>Benefit will not be granted where orthodontic treatment is required for cosmetic reasons. The associated laboratory costs will also not be covered</p> <p><i>Benefits for fixed comprehensive treatment:</i> Limited to individuals from age 9 and younger than 18 years of age</p> <p>Benefit subject to managed care protocols</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) and other orthodontic-related surgery and any related hospital costs including associated laboratory costs • Orthodontic re-treatment and any related laboratory costs • Invisible retainer material • Laboratory delivery fees
<p>Periodontics*</p>	<p>Pre-authorisation is required</p> <p>Benefit will only be applied to members registered on the periodontal programme</p> <p>Benefit limited to conservative, non-surgical therapy only</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Surgical periodontics which includes gingivectomies, periodontal flap surgery, tissue grafting and the hemisection of a tooth • Perio chip placement
<p>Maxillofacial surgery and oral pathology</p>	<p><i>Surgery in the dental chair:</i> Benefit subject to managed care protocols Covered at the PDT</p> <p><i>Temporo-mandibular joint (TMJ) therapy:</i> Benefit limited to non-surgical intervention/treatments</p> <p><i>Oral pathology procedures (cysts and biopsies, the surgical treatment of tumours of the jaw and soft tissue tumours):</i> Claims will only be covered if supported by a laboratory report that confirms diagnosis</p> <p><i>Benefit for the closure of an oral-antral opening (code 8909):</i> Subject to motivation and managed care protocols</p>

SPECIALISED DENTISTRY (continued)

Maxillofacial surgery and oral pathology continued	<p><i>Surgery in hospital:</i> See Hospitalisation* below</p> <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Orthognathic (jaw correction) surgery • Sinus lifts • Bone augmentations • Bone and tissue regeneration procedures • The cost of bone regeneration material • The auto-transplantation of teeth
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HOSPITALISATION AND ANAESTHESIA

Hospitalisation (general anaesthesia)*	<p>Pre-authorisation is required</p> <p>Admission protocols apply</p> <p>Benefit subject to managed care protocols</p> <p>General anaesthesia benefit available for children under the age of 5 years for extensive dental treatment</p> <p>General anaesthesia benefits are available for the removal of impacted teeth</p> <p>The hospital and anaesthetist claims for the procedures listed below <i>will not be covered</i> when performed under general anaesthesia. The payment of the dental procedure will be dependent on available benefits and payable at the PDT:</p> <ul style="list-style-type: none"> • Apicectomies • Dentectomies • Frenectomies • Implantology and associated surgical procedures • Conservative dental treatment (fillings, extractions and root canal therapy) for adults • Professional oral hygiene procedures • Surgical tooth exposures for orthodontic reasons <p>Scheme exclusions:</p> <ul style="list-style-type: none"> • Where the only reason for admission to hospital is dental fear and anxiety • Multiple hospital admissions • Where the only reason for the admission request is for a sterile facility • The cost of dental materials for procedures performed under general anaesthesia
Inhalation sedation in dental rooms	<p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p>
Moderate/Deep sedation in dental rooms*	<p>Pre-authorisation is required</p> <p>Benefit limited to extensive dental treatment</p> <p>Benefit subject to managed care protocols</p> <p>Covered at the PDT</p>

PLEASE NOTE: In the event of a dispute regarding the benefit information illustrated in the benefit table, the Scheme rules will prevail.

Additional Scheme exclusions

- Electrognathographic and pantographic recordings and other such electronic analyses
- Nutritional and tobacco counselling
- Caries susceptibility and microbiological tests
- Fissure sealants on patients who are 16 years and older
- Pulp tests
- Cost of mineral trioxide
- Cost of prescribed toothpastes, mouthwashes (e.g. Corsodyl) and ointments
- Appointments not kept
- Special reports
- Dental testimonies, including dento-legal fees
- Treatment plans completed (currently code 8120)
- Enamel microabrasion
- Behaviour management
- Intramuscular or subcutaneous injection
- Procedures defined as having been performed under unusual circumstances and unlisted procedures.

Submitting claims

Post the original copies of your dental claims to:

Private Bag X1, Century City, Cape Town 7446

Alternatively, you can email your dental claims to claims@denis.co.za.

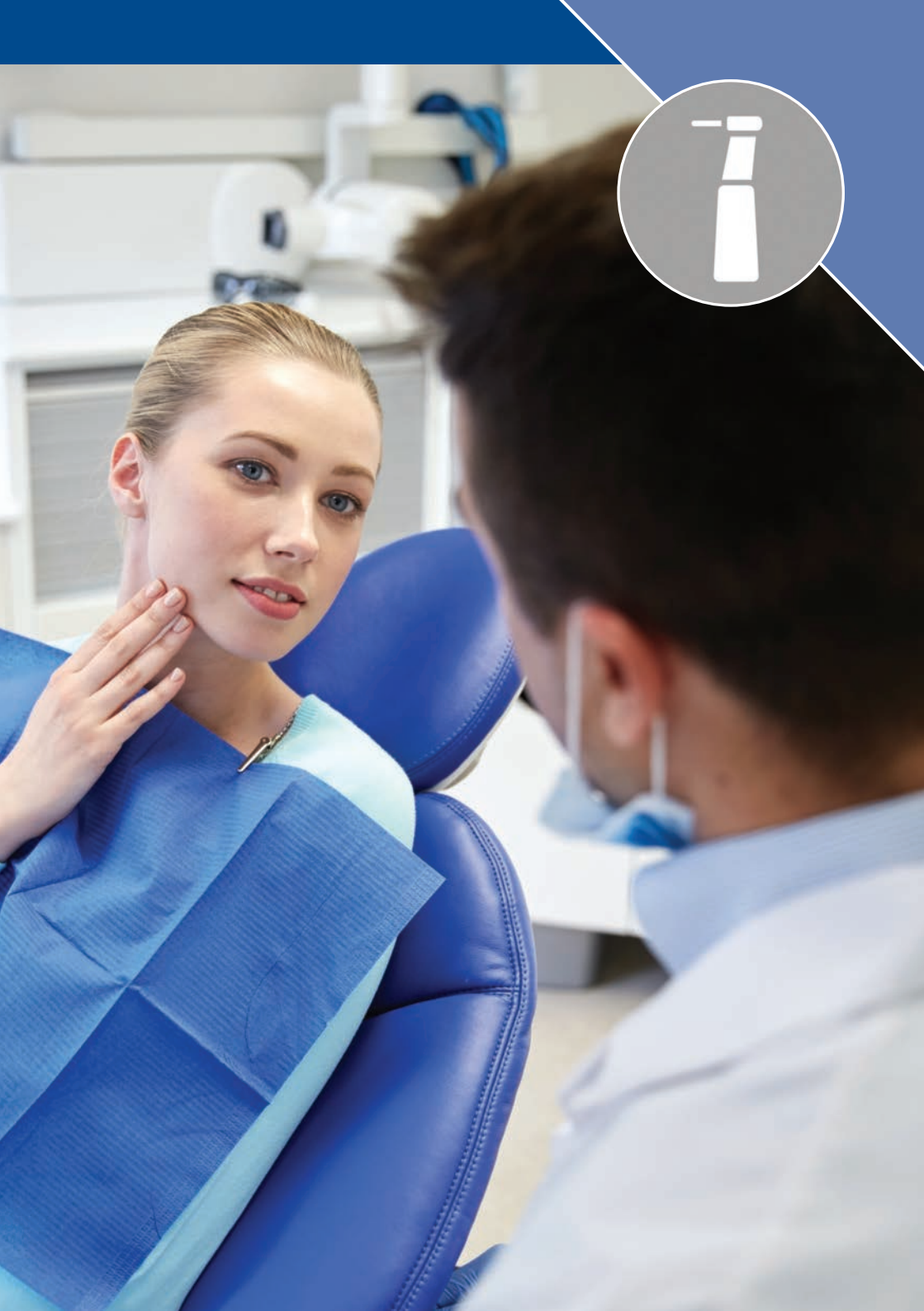
When submitting a claim, please ensure the following details are clearly visible:

- your PG Group Medical Scheme membership number;
- the dental practitioner's details and practice registration number;
- the correct dependant code (see your membership card);
- the treatment date(s);
- the relevant procedure code(s);
- the applicable tooth number(s); and
- the relevant ICD-10 code(s).

If you have already paid for the treatment, kindly ensure that the appropriate receipt is supplied.

Stale claims

In terms of the Medical Schemes Act, claims that are not received within four months from the end of the month in which the treatment was received are regarded as stale and will not be eligible for benefit/payment.





Contact details

Call Centre telephone number 0860 10 49 39
Call Centre fax number 0866 77 03 36

Email addresses

Enquiries	pgenq@denis.co.za
Claims	claims@denis.co.za
Crowns	crowns@denis.co.za
Hospital authorisations	hospitalenq@denis.co.za
Orthodontic authorisations	ortho@denis.co.za
Implant authorisations	ortho@denis.co.za
Periodontal programme	perio@denis.co.za

Website

www.denis.co.za