



Please send this form to:

Helfo
Postboks 2415
3104 Tønsberg
NORWAY

Documentation for reimbursement of dental expenses incurred in another EEA-Country

This form is to be completed by the treatment provider when dental treatment has been provided in the EEA. One form must be completed by each dentist if more than one dentist has been used.

The patient can claim reimbursement in Norway for dental treatment received in the EEA.

1. Patient information

First names, surname	Personal identity number (11 digits)
----------------------	--------------------------------------

2. Details of dentist

Name	
Postal address	Postcode, town/city
Country	Company name, business registration number

Please enclose documentation of authorisation and specialist expertise

	Yes	No
Othodontics		
Oral surgeon and oral medicine specialist		
Oral and maxillofacial surgeon		
Periodontics		
Prosthodontics		
Do you have any other relevant special expertise?		
If yes – what relevant expertise do you have?		

3. Treatment covers:

Does the medical diagnosis affect the patient's dental health?	
Dental diagnosis	Use of medicines (if appropriate provide this information on a separate sheet)

7. Documentation enclosed*

Please check

Printouts of your medical records for the treatment in question	
Dated X-rays before treatment (jpeg-format on a CD)	
Dated X-rays after treatment (jpeg-format on a CD) if this exists	
Photographs before treatment (jpeg-format)	
Documentation of authorisation and specialist expertise/ other expertise if not already registered with Helfo	
Other	

*This list is not complete. The documentation enclosed must be in English or a Scandinavian language.

8. Dentist's signature

Date, dentist's signature and stamp

In capital letters:

Signature:

This form is to be completed by dentist providing the treatment.

Patient shall enclose this form when claiming reimbursement from Helfo.

Brief description of the scheme

Benefit eligibility for examination and treatment.

Dental treatment charges can be reimbursed for certain illnesses, conditions or injuries in accordance to "folketrygdloven § 5-6".

The 15 conditions that entitle the patient to benefits from Helfo are:

1. Rare medical condition - diagnosis
2. Cleft lip-jaw-palate
3. Tumours in the oral cavity, adjacent tissue or in the head region in general.
4. Treatment to prevent infection in connection with special medical conditions (organ transplant, various cancer conditions, HIV/AIDS)
5. Diseases and abnormalities in the mouth and jaw (dental and maxillofacial treatment)
6. Periodontitis (gum disease)
7. Tooth development disorders (congenital conditions)
8. Bite abnormalities (dental braces, jaw orthodontic treatment)
9. Pathologic loss of tooth substance due to attrition/erosion
10. Hyposalivation (dry mouth that causes increased caries activity)
11. Allergic reactions related to tooth restoration materials (in oral cavity or on skin)
12. Dental damage related to a recognised occupational injury (the occupational injury must have been acknowledged by NAV and the dental treatment must have a connection to the occupational injury)
13. Dental damage, that is not related to occupational injury
14. Inability to care for oneself due to permanent illness or permanent disability (condition that has lasted for more than one year and has resulted in poorer dental health)
15. Full or partial loss of tooth, without own teeth in the lower jaw (and unable to use loose-fitting prosthetic)