Application for Approval to Provide Treatment Not Covered by the Standard Fee Schedule

Te Whatu Ora
Health New Zealand

Payee number

Agreement number

Please tick appropriate box (✓)

- OHSA ☐
- H/Caries ☐
- SDS ☐

Dental health practitioner's name

DCNZ number

Practice address

Patient's name

Date of birth

NHI number (mandatory)

Patient's condition and dentist's comments.

Note: Radiographs should be provided (or may be requested) in support where appropriate.

Dentist's signature

Date

Approval is sought to provide treatment as set out below for the above named patient.

Code	Tooth number/s	Qty	Fee
MSO1			
MSO2			
CRN2			
CRN3			
CRN4			
CRN5			

Code	Tooth number/s	Qty	Fee
PDT1			
PST1			
PST2			
VEN1			
VEN2			
DEN1			
DEN2			

Code	Tooth number/s	Qty	Fee
DEN3			
DEN4			
DEN5			
DEN6			
DEN7			
APX1			
ABMT			
SPLT			

For authorisation under high caries treatment please note codes below in addition to any of the above.

Code	Tooth number/s	Qty	Fee
CON5			
FIS1			
FIL1			
FIL2			
FIL3			
FIL4			
FIL5			

Code	Tooth number/s	Qty	Fee
FIL6			
RAD1			
RAD2			
RAD3			
RCT1			
RCT2			
RCT3			

Code	Tooth number/s	Qty	Fee
RCT4			
RCT5			
EXT1			
EXT2			
CRN1			
EMD1			
RCM1			

Total proposed fee (GST exclusive) ($)

Approved ☐ Not approved ☐

Approval number

Approving dental officer's comments

Dental officer's signature

District Area

Date

Please send to your District's approving dental officer (ADO) for approval. Attach the 'original' approved form to the claim and send for processing to: Te Whatu Ora, PO Box 1026, Wellington, New Zealand. Telephone 0800 855 066.

HP 5958
June 2023

DRAFT