

INFORMATION CONCERNING THE REIMBURSEMENT OF REMAINING COSTS IN THE DKV SUPPLEMENTARY TARIFF **COMPACT HEALTH**

If you have any questions, please contact us directly at: **tel. +352/42 64 64-1** or **e-mail: info@dkv.lu**

Please submit the following information or documents together with your invoices:

1 VISUAL AIDS

- Copy of the optician's invoice and reimbursement document of the statutory health insurance
- For visual aids without reimbursement by statutory health insurance: original invoice

2 DENTAL TREATMENT

- Copy of the invoice with indication of the treatment received
- Reimbursement document of the statutory health insurance

3 REIMBURSEMENT IN CASE OF DENTURES, ORTHODONTIC TREATMENT AND BRACES

Before the treatment begins:

The **therapeutic and cost schedule**, approved by the statutory health insurance **in advance**, with exact indication of the teeth to be treated and the planned treatment.

In case of a rejection of the schedule by the statutory health insurer, we require the corresponding rejection notification.

When the treatment is over:

- Copy of the invoice and reimbursement document of the statutory health insurance

In case of dental treatment that is not covered by the statutory health insurance, e.g. implants, orthodontic treatment, periodontal treatment or similar, we require the X-ray images and, if necessary, the models and a medical report.

4 REIMBURSEMENT OF COSTS IN CASE OF INPATIENT TREATMENT

In case of a **planned inpatient treatment**, DKV Luxembourg S.A. should be informed **in advance** to clarify the assumption of the costs beforehand. Please show your **DKVMedicard** at the patient administration to receive first class treatment. Your DKV will pay the invoices for first class accommodation directly to the hospital.

Partially reimbursement by statutory health insurance:

- Copy of the invoice and reimbursement document of the statutory health insurance

Invoices covering additional costs only (e.g. TV rental) must be submitted as originals (showing the diagnosis and name of the patient):

- Original invoice with diagnosis, if settlement is not made via the statutory health insurance (tariffs S100L and S100G).

In case of **inpatient treatment abroad**: If possible, a copy of the medical referral form and the form for medical treatment abroad provided by the statutory health insurance.