

INFORMATION FOR INTERNATIONAL PATIENTS

THE GERMAN HEALTH INSURANCE SYSTEM & OUR PRACTICE PROCEDURES



AVADENT
Zahnmedizin einer neuen Generation.

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Welcome to AVADENT!

To support our English-speaking patients, this information sheet provides an overview of how the German health insurance system works and explains the steps we follow before starting any planned treatment.

The German Health Insurance System (GKV & PKV)

Germany has two main types of health insurance, and understanding the difference helps you know what to expect regarding coverage:

STATUTORY HEALTH INSURANCE (GKV)

This is the public system used by the majority of residents. It covers essential dental services defined by national regulations. Treatments outside these regulations—such as many high-quality or aesthetic options—may involve additional private costs.

PRIVATE HEALTH INSURANCE (PKV) AND SUPPLEMENTARY DENTAL INSURANCE

Patients with private health insurance, or those who hold supplementary dental insurance in addition to their GKV plan, often receive broader coverage. Supplementary dental insurance is designed specifically to enhance the limited benefits of the statutory system and can contribute to or fully cover services that the GKV does not reimburse.

However, reimbursement still depends entirely on the individual policy and tariff.

Because insurance contracts differ significantly, we cannot predict which services will be fully, partially, or not at all reimbursed. For this reason, we prepare a detailed treatment and cost estimate before any planned treatment begins.

Your First Appointment: Examination or Consultation

During your initial visit, we carry out a thorough dental examination or a consultation, depending on your needs.

This allows us to:

- assess your dental situation,
- discuss your concerns and treatment wishes,
- explain possible treatment options, and
- determine which procedures may be covered by your insurance and which may not.

Only after this first assessment can we prepare an accurate cost estimate tailored to your specific treatment plan.

Treatment and Cost Estimate (Heil- und Kostenplan / Private Cost Plan)

After the examination, you will receive a written cost estimate. This document includes:

- all proposed treatments,
- the associated fees according to the German Dental Fee Schedule (GOZ/GKV),
- any materials or laboratory costs, and
- your expected personal share of costs (if applicable).

You will receive the estimate in duplicate:

One copy must be signed and returned to us

Signing the estimate confirms that you understand the planned treatment and agree to the associated costs.

One copy is for your records

You may submit this copy to your private health insurer, supplementary insurer, or another relevant institution before the treatment begins to clarify reimbursement in advance.

Please note: Insurance providers may require several days to several weeks to review your documents.

For this reason, we strongly recommend that you submit your paperwork as early as possible, especially if your insurance must approve treatment before it can begin.



Statutory Health Insurance (GKV) Patients and Additional Costs

Patients insured under the statutory system also receive a cost estimate whenever a treatment includes extra services not covered by the GKV. These estimates clearly show:

- the GKV contribution, and
- any additional private costs you would pay yourself (e.g., upgraded materials, certain fillings, prophylaxis services, or aesthetic options).

This ensures full transparency so you can decide whether you wish to proceed with these optional services.

5. Transparency, Support, and Questions

We are committed to providing clear and understandable information. If you have any questions about your treatment plan, the anticipated costs, your insurance coverage, the reimbursement process, or the content of your cost estimate, our team is happy to help you navigate the next steps.

Although we cannot make binding statements about what your insurance will reimburse, we support you throughout the reimbursement process. Many supplementary insurance providers send patients forms that must be completed by the dentist; you may simply bring these forms to us, and we will fill them in for you.

In addition, we cooperate with the DZR (Deutsches Zahnärztliches Rechenzentrum). This allows you to submit any written responses from your insurance—such as partial denials or requests for clarification—either to us or directly to the DZR at no extra cost. The DZR prepares professional follow-up justifications, which often lead to significantly improved reimbursement outcomes for patients.

Disclaimer

This information sheet is intended as a general, non-binding overview.

It does not claim to be complete, legally binding, or fully accurate for every individual insurance situation.

Coverage varies widely between insurance providers and contracts.

We therefore cannot assume liability for the correctness, completeness, or timeliness of the information provided.

Your insurance company is the only authority that can give binding information regarding reimbursement.