



# REIMBURSEMENT OF **OUT-OF-NETWORK IMPLANTOLOGY**

(Documentation for employees of corporate bodies, employers' associations, trade unions and family organisations)



## DOCUMENTATION

To initiate the reimbursement procedure for out-of-network implantology services, the member or dependent family member of the beneficiary must submit the following forms to the Sanedil Fund:

- [REIMBURSEMENT REQUEST FORM](#)
- [CLINICAL DIARY\\*](#)
- COPY OF PRE- AND POST-IMPLANT X-RAY AND RELATED REPORTS
- COPY OF INVOICE (itemised) \*\*
- COPY OF AN ID DOCUMENT  
Only obligatory when the request is submitted by e-mail.

## LIMITS

The **out-of-network** mode in the implantology guarantee provides for a sub-limit equal to 80% of the rates provided for the in-network mode:

BASIC plan		PLUS plan	
Out-of-network sub-limit	In-network limit	Out-of-network sub-limit	In-network limit
Three or more implants € 1.345	Three or more implants € 1.680	Three or more implants € 2.400	Three or more implants € 2.800
Two implants € 840	Two implants € 1.050	Two implants € 1.400	Two implants € 1.750
One implant € 420	One implant € 525	One implant € 730	One implant € 910

\* The CLINICAL DIARY, duly completed by your dentist, must indicate the services performed, the relative amount and the date of execution of each service.

\*\* The "itemised invoice", i.e. with an analytical indication of the items of expenditure incurred and coinciding with those referred to in the clinical diary.



## How to submit reimbursement requests

**To request reimbursement for out-of-network implantology services, the member or the fiscally dependent family member can use the following channels:**

**A** Digital Portal [portale.fondosanedit.it](https://portale.fondosanedit.it)

Once registered in the Reserved Area of the Fund's digital portal, the member, or his/her family member, may request reimbursement of the cost of out-of-network implants, which will be processed by an operator of the Fondo Sanedit.

**B** E-mail or registered mail

Those interested in requesting reimbursement for out-of-network implantology services must send the required documentation to the Sanedit Fund to the e-mail address [prestazioni@fondosanedit.it](mailto:prestazioni@fondosanedit.it) or by registered letter with return receipt to be delivered to Casella Postale 7249 c/o Ufficio Postale Roma Nomentano, 00162, Rome.

### IMPORTANT POINTS

**A** Within the limits set by the Health Plans, the member who will receive the reimbursement of the services provided and promptly indicated in the Clinical Diary must be **covered by insurance** on the date of each service reported herein.

**B** Implantology claims started before **01/05/2022, even if they are concluded after 01/05/2022**, cannot be refunded.