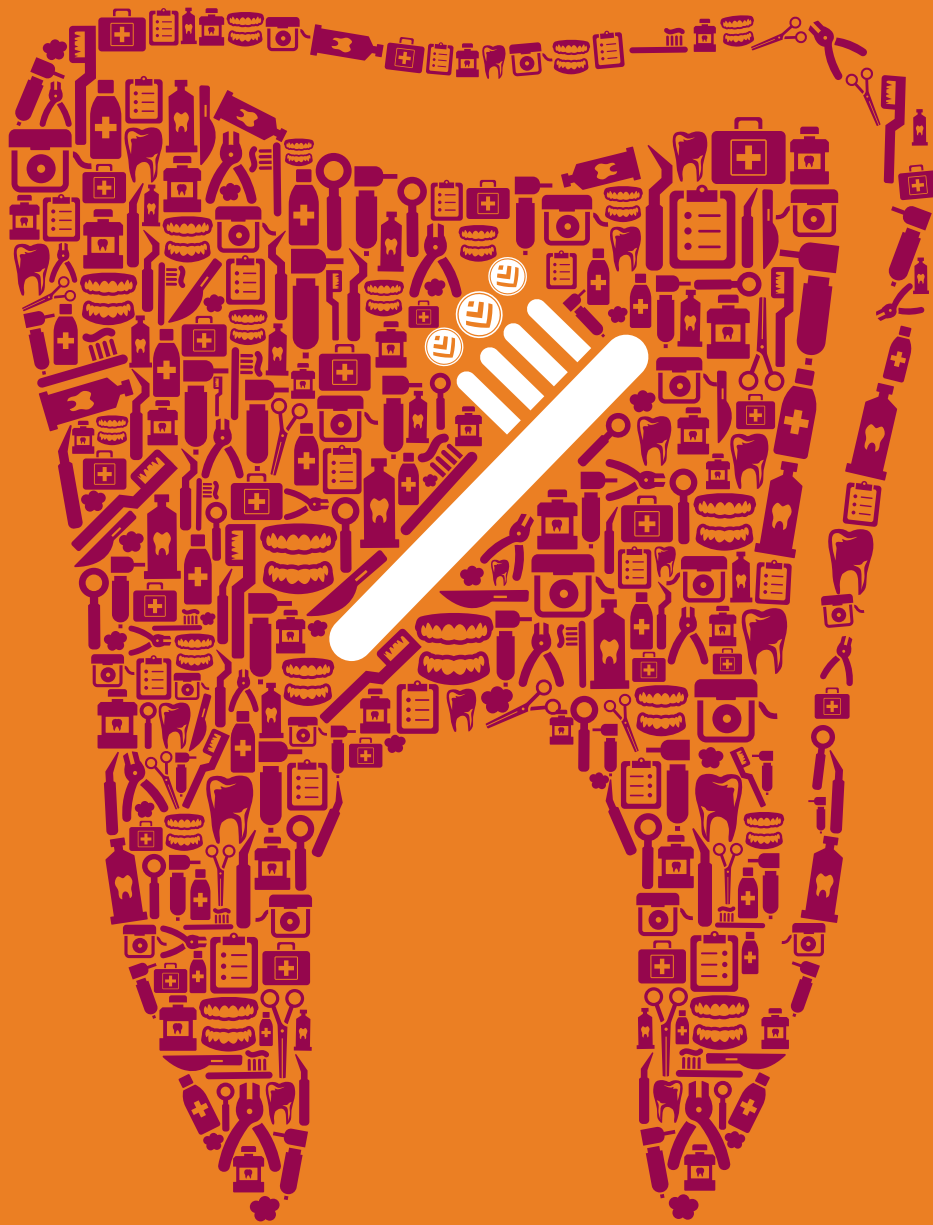


# + DISCOVERY HEALTH MATTERS

Dental facts  
to sink your  
teeth into





# Discovery Health Matters

Discovery Health Matters is a layman's guide to important, but often misunderstood topics in healthcare. The information contained in this document is for informational purposes only, and should not be used to replace professional medical advice, or be used to diagnose or treat a medical condition.



## All about dentistry

Dentistry focuses on the diagnosis, prevention and treatment of diseases, disorders and conditions of not only the teeth, but also the other hard and soft tissues of the mouth and facial area, as well as the impact of oral disease on the rest of the body.

You may be treated by a general dentist, or sometimes by a dental specialist. Most everyday dental treatments are done by your general dentist – including check-ups, professional cleaning, fillings and other procedures to replace lost tooth structure, root canal treatments and extractions.

Your dentist might refer you to a dental specialist for more complex procedures – such as those to straighten teeth (braces), prevent the loss of gums and bone supporting the teeth, or replace missing teeth (such as crowns, bridges, implants or dentures), and maxillo-facial and oral surgeries.

Cosmetic dentistry is an increasingly popular area of dentistry. Cosmetic dentistry focuses on improving your appearance, rather than treating any specific medical condition related to your mouth and gums.

### **Good oral health contributes to overall health**

The importance of a healthy mouth and teeth to general health is often overlooked.

Several studies have linked oral health, and gum disease in particular, to heart disease and stroke. According to the American Academy of Periodontology, people with periodontal (gum) disease are almost twice as likely to have coronary artery disease (heart disease). This could be due to inflammation of the gums, and the bacteria associated with oral infections.

While a cause-and-effect relationship has not yet been proven, there is no doubt that oral health has major implications for our overall health.

### **Children's oral health**

Along with gum disease, the most common oral problem in the world is dental cavities. According to the World Health Organization, 60 to 90% of school children worldwide have dental cavities.

Taking good care of the primary, baby or "milk" teeth has significant benefits for the permanent teeth. Milk teeth are the foundation for the proper placement of the permanent teeth and losing a milk tooth before it falls out naturally can result in the permanent teeth coming through in the wrong places. Often the only way to correct the problem later is with braces, which are very expensive. If tooth decay in baby teeth is severe, the infection can cause the enamel of the permanent teeth in the jawbone under the milk tooth to form incorrectly. Permanent teeth with damaged enamel mean dental problems later on.

Good oral routines should start as soon as your child gets her first tooth. Dentists recommend having a check-up at least once, preferably twice, a year from the age of two years, and for adults a diligent twice-daily routine of brushing, flossing and rinsing. Professional cleaning and age appropriate fluoride application is also recommended at check-ups.

### **Going to the dentist**

If your dentist identifies a problem at your check-up appointment that needs corrective treatment, you are likely to need a follow-up appointment. To find potential problems your dentist may need to use dental x-rays.

Sometimes the dentist might make a mould of your mouth so that he or she can make a model to keep as a record to measure how your teeth change over time, or to plan for treatment. Should you need some restorative work you might require an anaesthetic injection to numb the area so your dentist can work without causing you pain.

# DID YOU KNOW?

If you don't floss, you will **miss cleaning 35%** of your tooth surfaces

**60-90% of school children** worldwide have dental cavities

Tobacco cessation, decreased alcohol consumption and decreased sugar intake can **reduce the risk of oral cancers,** periodontal disease, and tooth loss

People who drink 3 or more glasses of sugary drinks each day have **62% more tooth decay,** fillings and tooth loss than others

The earliest toothbrush was developed in China around 1600 BC. It was a simple **chewing stick**

It is estimated that as many as 50% of adults experience some degree of **dental fear**

Flossing once a day can increase your **life expectancy** by 6 years

Egyptians used a form of toothpaste made from a mixture of salt, mint and pepper over **5000 years ago**

You should **replace your toothbrush at least every three months,** and always after you have an episode of flu, cold or other viral infections. Notorious bacteria can implant themselves on the toothbrush bristles leading to re-infection

Teeth are the **hardest substance** in the human body

There are over in **100 million bacteria** in just one drop of saliva

The average human produces over **23 000 litres of saliva** in a lifetime - that is enough to fill up  $\frac{1}{2}$  a swimming pool!

The primary dentition of a child which consists of 20 teeth in total (10 upper and 10 lower) maintains space in the growing and developing upper and lower jaws to enable the adult dentition of **32 teeth in total to erupt.**

Teeth usually begin to erupt in the following sequence however these timelines are not cast in stone and may vary from child to child:

- Incisors – 8-13 months**
- Canines – 16-22 months**
- 1st Molars – 13-19 months**
- 2nd Molars – 25-33 months**



# Treatment options for tooth decay

**1** **Fluoride** is a mineral that helps teeth repair themselves at the very earliest stage of damage. A fluoride treatment may help to restore your tooth's enamel. Professional fluoride treatments contain more fluoride than the amount found in toothpaste. Fluoride treatments may be liquid, gel, foam or varnish that's brushed onto your teeth or placed in a small tray that fits over your teeth. Each treatment takes a few minutes. Always consult your dentist before embarking on a home fluoride supplementation programme for your children. (For all its benefits, fluoride is toxic in large doses. Adult toothpastes and mouthwashes are not suitable for children, and should always be stored well out of the reach of children.)

**2** **Dental sealants** seal the deep cracks on the chewing surface of young permanent molars. They are used to prevent decay on susceptible areas like deep grooves. Quick and easy to place, sealants do not require any drilling or an injection and can be extremely effective in reducing tooth decay. The intention is to seal places that cannot be cleaned by brushing, where bacteria get stuck and begin the decay process. The most important teeth to seal are the first and second permanent molars that come out at about 6 and 12 years old respectively. This treatment is most effective when completed within a year of the tooth coming through.

**3** A **filling** is material that replaces decayed areas of your teeth once damage becomes permanent. Fillings (also called restorations) are the main treatment option when decay has progressed beyond the enamel erosion stage. Your dentist drills away the decayed part of your tooth, then replaces the cavity with a filling material to restore your tooth's shape and function. Fillings come in a variety of materials, such as tooth-coloured composite resins, porcelain, or combinations of several materials.

Silver amalgam fillings contain a variety of materials, including small amounts of mercury. Not everyone is comfortable with them and some choose to have them replaced with resin fillings or ceramic inlays. If you have silver fillings that give you no problems, you should carefully consider the risks of further damage to the tooth when removing the old filling simply to get a better look with tooth-coloured fillings.

**4** If you have extensive decay, weakened or broken down teeth, you may need a **crown** rather than a filling to restore your tooth. A crown is a custom-fitted covering that replaces and restores your tooth's natural form and function. Your dentist will drill away all the decayed area and some additional healthy tooth to ensure a good fit for the crown. Crowns may be made of metal, porcelain fused to metal or porcelain only. In most cases the completed crown will cover the entire part of the tooth you can see in your mouth. Crowns are strong and will protect what remains of your original tooth.

**5** When decay reaches the inner material of your tooth (pulp), you may need a **root canal treatment**. In this procedure, the tooth pulp is removed, the empty canal is cleaned and shaped and filled with a material to replace the pulp. The tooth is then restored either with a filling or ideally with a crown as root-treated teeth become brittle over time and can break.

**6** Some teeth may become so severely decayed or damaged through trauma that they can't be restored and so they must be removed. **Tooth extraction** will leave a gap that allows your other teeth to shift or the opposing teeth to over erupt as they no longer have a tooth to bite against. A denture, bridge or dental implant with a crown may be necessary to replace the missing tooth.



## Treatment options for gum disease

Gum disease treatment is aimed at controlling infection and creating an oral environment that is easier to clean, and where it is difficult for the infection to return. Gum disease can range from simple bleeding gums to extensive loss of the supporting bone around the teeth. Any treatment should be supported by proper oral hygiene at home: brushing, rinsing and flossing twice a day. Your dentist or gum specialist may also provide you with special tools to better clean in awkward, hard-to-reach places. Your dental healthcare specialist is likely to suggest deep cleaning (scaling or root planing). **Scaling** is the removal of calculus and bacterial plaque from visible tooth surfaces and immediately below the gums. **Root planing** is a process to smooth the root surfaces by removing both calculus and a thin layer of the root surface that contains bacterial toxins. This procedure is performed under local anaesthetic. While there is no substitute for removing the source of the infection, antibacterial mouth rinses can also be useful in the short term for controlling bacterial infections of the gums during times when proper hygiene is difficult, such as while wearing braces.

Advanced periodontitis may require invasive surgery. The underlying bone around the teeth is reshaped, bony defects are repaired and the gums repositioned so that cleaning is easier and more effective. Certain types of gum disease may be highly aggressive and if left unchecked will result in the loss of teeth due to the loss of the supporting bone and ligament around the teeth.



## Treatment options for wisdom teeth

Wisdom teeth are the last molars to erupt, usually between 18 and 25 years of age. Most of us have four wisdom teeth, although not all will emerge in the mouth. Sometimes there is enough space for the new tooth and it erupts without a problem. When a wisdom tooth is impacted, it may need to be removed. Impacted wisdom teeth that are partially erupted tend to be quite difficult to clean and are susceptible to tooth decay, recurring infections, and even gum disease. Your dentist will take x-rays to assess their position and your treatment options.

During an extraction a maxillo-facial and oral surgeon numbs the area and, if necessary, makes an incision in your gums and removes any bone blocking access to the tooth. After removing the tooth, the surgeon normally closes the wound with stitches.



# Oral care tips

## What causes bleeding gums?

Bleeding gums are most commonly caused by poor oral hygiene. They can also be a sign of gum disease. Proper brushing, flossing and rinsing with antibacterial mouthwash will prevent bleeding gums most of the time. If you, and especially your children, are diligent about cleaning your teeth and mouth and still have problems, you must talk to your dentist.

## Does pregnancy cause bleeding gums?

The hormonal changes associated with pregnancy can lead to inflammation and red, tender and sometimes swollen and bleeding gums. Careful oral hygiene is the solution but if bleeding persists, you must see your dentist.

## Are sensitive teeth a sign of tooth decay?

Adults with otherwise healthy mouths can suffer from sensitivity to cold and sweet food and drinks. The cause may be receding gums, which are inevitable as you age; or brushing too hard or incorrectly, which can expose the tooth neck. Sensitivity where there is no other disease or condition can be successfully treated.

## What should I do if my child breaks a tooth?

From coffee tables to garden swings, bicycles and everything in between, there are many causes of traumatic injury to a child's teeth. As long as he or she doesn't need any other medical treatment, your first response is to get to your dentist as soon as possible.



## Useful resources and additional information

SADA -  
<http://www.sada.co.za>

Mouth Healthy -  
<http://www.mouthhealthy.org>

The Children's Oral Care Centre -  
[http://www.childrensoralcare.ca/faq\\_general\\_kids\\_dental\\_care\\_topics.html](http://www.childrensoralcare.ca/faq_general_kids_dental_care_topics.html)

## What if my child's tooth is knocked out?

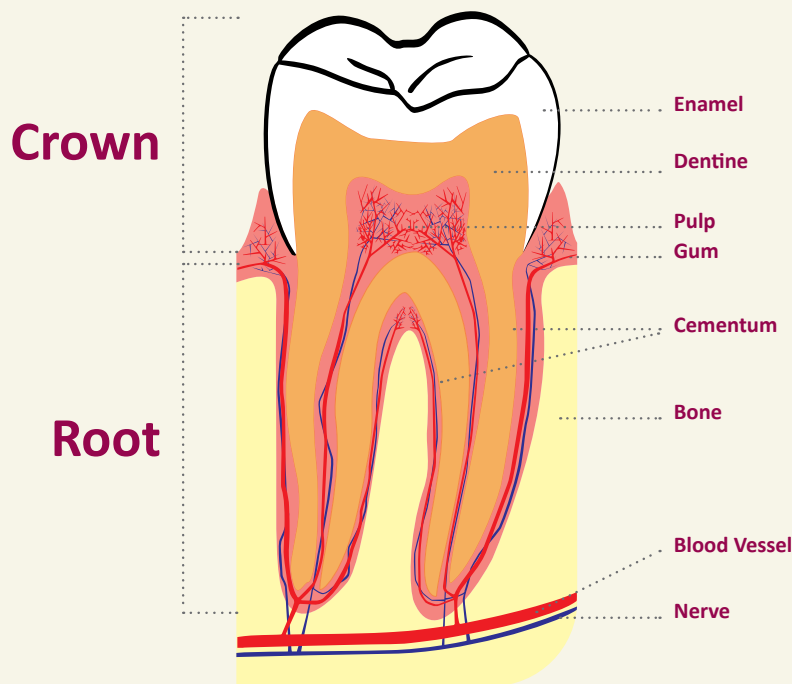
- If the tooth is knocked out and broken, try to find all the tooth fragments. They can't be repaired, but at least you will know they haven't been inhaled or imbedded in your child's lip.
- Pick it up by the crown (the white top). DO NOT wipe/scrub it clean and DO NOT touch the root at all if you can help it. If it's dirty, quickly rinse it under cold, gently running water for a few seconds.
- If it is a permanent tooth place it back in the socket and apply gentle pressure by asking the child to bite down on wet tissue paper.
- If it is a baby tooth, DO NOT replace it in the socket as you may damage the underlying permanent tooth. (If you're not sure whether the tooth is a baby tooth or a permanent tooth, then rather do not replace it.)
- If you can't find the missing tooth or if the child is uncooperative, ask him to gently bite down on damp tissue paper or cotton wool or even a used tea bag to control any bleeding until you can get to the dentist.
- You will need to transport the tooth to the dentist. The best environment for a tooth is the oral environment, so ask the child to store the tooth between the teeth and cheek – if this isn't possible, or if the child is at risk of swallowing or inhaling the tooth – rather put it in a container with some milk. DO NOT wrap the tooth in dry tissue paper and try to avoid transporting it in water.
- Remember - your child may need a tetanus booster.

**Visit your dentist regularly – prevention is better than cure, especially when it comes to caring for your teeth. The longer you leave dental problems, the more painful and expensive they become.**





## The tooth at a glance



Source: SADA



## Your oral health glossary

**Alveolar bone:** The bone surrounding the root of the tooth, providing support to the ligament anchoring the tooth in place. Loss of this bone is typically associated with severe periodontal (gum) disease. If you lose a tooth or have one removed, this bone will dissolve in time. The loss of this bone is one of the main reasons plastic false teeth need to be adjusted over time as they no longer fit properly.

**Amalgam:** A common filling material used to repair cavities. The material, also known as a “silver filling” contains mercury in combination with silver, tin, copper and sometimes zinc.

**Apex:** The tip of the root of a tooth.

**Bite:** The relationship of the upper and lower teeth when your mouth is closed.

**Bleaching:** Chemical or laser treatment of natural teeth that uses peroxide to produce a whitening effect. This effect is usually temporary.

**Bonding:** A range of adhesive techniques used to stick restorations to the tooth surface.

**Bone resorption:** When the bone supporting the roots of teeth recedes; a common result of periodontal (gum) disease and tooth extraction.

**Braces:** Fixed appliances (bands, wires, brackets) bonded to teeth by orthodontists to gradually align teeth that haven't grown straight.

**Bridge:** A dental prosthesis to replace one or more missing teeth. Most bridges are fixed on either side of the gap left by the missing tooth/teeth – the fixed point is usually a full crown either on a natural tooth or on an implant with the false tooth suspended in between.

**Bruxism:** Grinding or gnashing of the teeth, most commonly during sleep.

**Calculus:** See tartar.

**Cap:** The common term for a dental crown.

**Caries:** Also known as dental caries - this is the technical term for tooth decay.

**Cementum:** The substance covering the tooth root. It protects the inner layers and provides the attachment for the periodontal fibres that hold a tooth in its socket.



**Composite resin filling:** Tooth-coloured restorative material composed of resin with small glass, quartz or ceramic particles; usually “cured” or hardened with filtered light or a chemical catalyst; an alternative to silver amalgam fillings.

**Cosmetic (aesthetic) dentistry:** A branch of dentistry where treatments are performed to enhance your appearance. This may involve changes in the colour and shape of teeth, the shape or size of the gums or the alignment of the teeth.

**Crown:** The portion of a tooth above the gum line that is covered by enamel; also a prosthetic dental restoration covering all or most of the natural tooth.

**Crown lengthening:** Work to restore teeth when there is very little tooth substance left as a result of trauma/fracture, decay, or mechanical action like tooth grinding. Firstly, some of the bone from around the tooth is removed and the gum is lowered so that more tooth is showing. Once the area has healed, the tooth can be restored.

**Dental technician:** A person who works in a dental lab and makes models and appliances, like crowns, bridges and dentures, on referral from your dental practitioner. When you have a crown made you will get a bill from the dentist and one from the laboratory.

**Dental therapist:** A person who is not a doctor but can do examinations, extractions and basic fillings. He/she may administer a local anaesthetic but does not do surgery or root canal treatments.

**Dentine:** Makes up the bulk of the tooth and appears below both the enamel of the crown and the cementum of the root. It is considered to be a hard tissue, is porous and allows nutrients to be transferred through the layers of the tooth.

**Enamel:** The hard material that covers the outside portion of the tooth that lies above the gum line (the crown).

**Endodontics:** A field of dentistry concerned with dental pulp and root tissues of the tooth and with the prevention, diagnosis and treatment of diseases and injuries of these tissues.

**Eruption:** The process of a tooth cutting through the gum and becoming visible in the mouth. Eruption can be partial or complete. Eruption is complete when the tooth is biting against an opposing tooth.

**Fluoride:** A mineral that helps strengthen teeth enamel, making teeth less susceptible to decay. You get fluoride through food or water (tea is an excellent natural source), or most toothpastes, or it can be applied as a gel or liquid to the surface of teeth by a dentist.

**Gingivitis:** Inflamed, swollen and reddish gum tissue that may bleed easily when touched or brushed.

**Gum recession:** Exposure of tooth roots due to shrinkage of the gums as a result of abrasion, periodontal disease or surgery. One of the most common causes of receding gums is brushing incorrectly or too hard.

**Halitosis:** Bad breath of oral or gastrointestinal origin.

**Impacted tooth:** A tooth that is partially or completely blocked from erupting through the surface of the gum. An impacted tooth may push other teeth together or damage the bony structures supporting the adjacent tooth. When they are partially erupted, they can make spaces that are difficult to clean, making you more prone to tooth decay. Impacted teeth often need to be surgically removed.

**Implant:** A metal structure that is surgically placed into the upper or lower jawbone where a tooth is missing. It serves as the tooth root and anchor for the crown, bridge or denture that is placed over it. Implants help prevent the bone breaking down after the loss of a natural tooth.

**Impression:** A mould made of the teeth and gums.

**Infection control:** When you see this on your dentist’s bill, it refers to the gloves and mask he/she uses during your treatment.

**Malocclusion:** “Bad bite” or misalignment of the teeth or jaws.

**Mandible:** The lower jaw.

**Maxilla:** The upper jaw.

**Maxillo-facial and oral surgeon:** Specialises in the treatment of structures in and around the mouth. This includes the removal of impacted wisdom teeth, repairing broken jaws and other bones of the face, removal of tumours and so on.





**Nerve (root) canal:** The internal chamber of a tooth through which the nerves and blood vessels (dental pulp) pass.

**Open bite:** Most often affects the front teeth and occurs when the top and bottom teeth are forced outwards and never touch when the molars are biting together. This can be caused by any activity that places strain in the alignment of teeth, such as excessive thumb sucking in children.

**Oral hygienist:** A person who works with a dental practitioner, doing oral examinations, x-rays, scaling and polishing, oral hygiene instruction and fluoride treatment, as well as simple temporary fillings.

**Oral pathologist:** A person who studies the causes and states of diseases that affect the oral structures (teeth, lips, cheeks, jaws) as well as parts of the face and neck.

**Orthognathic surgery:** An operation to correct misalignment of the jaws for either functional or cosmetic benefits.

**Orthodontics:** The dental specialty that uses braces, retainers and other dental devices to treat misaligned teeth and restore them to proper functioning.

**Overbite:** The degree of vertical overlap of the front teeth when the molars are biting together.

**Overjet:** The horizontal distance between the upper and lower front teeth when the molars are biting together.

**Paedodontics or paediatric dentistry:** The dental specialty focusing on treatment of infants and children.

**Periodontist:** The dental specialist who diagnoses, treats and prevents diseases of the soft tissues of the mouth (the gums) and the supporting structures (bones) of the teeth (both natural and implant-supported teeth).

**Periodontium:** The root of the tooth is held by periodontium ligaments which originate from the surrounding bone and are embedded into the cementum.

**Plaque:** A colourless film of bacteria that forms on your teeth when they are not brushed. Plaque is what makes your teeth feel “fuzzy”. The bacteria produce acids which destroy tooth enamel over time, resulting in tooth decay.

**Prosthodontist:** A dental specialist who restores or replaces teeth with fixed or removable prostheses (appliances) such as crowns, bridges and dentures.

**Pulp:** Below the dentine is the pulp which requires an essential blood and nerve supply for the maintenance of a healthy tooth.

**Quadrant:** The way areas of the mouth are identified: Quadrant 1) upper right, 2) upper left, 3) lower left and 4) lower right.

**Restorations:** Any replacement for lost tooth structure or teeth, for example bridges, dentures, fillings, crowns and implants.

**Root:** The section of the tooth which is hidden in the gum, comprising of hard and soft tissue. This section of the tooth anchors the tooth and allows for the blood and nerve supply to the tooth.

**Root canal therapy:** A procedure to save an abscessed tooth in which the dental pulp is removed from the crown and root pulp chambers. The chambers are cleaned out, disinfected and filled with a permanent filling. The tooth will usually require a crown as the final restoration.

**Tartar:** Also known as calculus, tartar is hardened dental plaque.

**Unerrupted tooth:** A tooth that has not pushed through the gum and assumed its correct position in the dental arch.

**Veneer:** A thin, custom-made shell of tooth-coloured resin or porcelain that is bonded directly to the front side of natural teeth to improve their appearance. Veneers can be used to replace lost tooth structure, close spaces, straighten teeth, or change the colour and shape of teeth.

**Wisdom teeth:** Third (last) molars that usually erupt between the ages of 18 and 25 years.

**Xerostomia:** A dry mouth or decrease in the production of saliva. A dry mouth increases tooth decay, so it's important to understand the cause. Saliva substitutes are available at pharmacies.

**X-rays:** In dentistry, there are typically four types of x-rays:

- Periapical: One or two whole teeth
- Bite-wing: All the teeth on a side, to look for decay
- Occlusal: Inside the mouth, for multiple uses, for example looking for impacted teeth and blockages in salivary glands
- Panoramic: From outside the mouth, looking at the jaws/wisdom teeth.



## How medical aids typically cover dentistry

Medical aids often cover routine out-of-hospital dentistry, like check-ups, fillings and cleanings, from an out-of-hospital benefit which may be subject to a limit.

You usually need preauthorisation for in-hospital dentistry. You may need to make a co-payment.

Some schemes have restrictions on the number of times you can have a particular treatment within a certain time frame. For example, you may have a certain number of crowns per year, or a single denture every two years. Most medical aids do not cover cosmetic dentistry, and most medical aids offer very limited cover for in-hospital dentistry for adults.



## Unique benefits offered by Discovery Health Medical Scheme

You don't need to apply for any special benefits to have normal dental treatments. Claims are paid from your day-to-day benefits (Medical Savings Account or Above Threshold Benefit) or your Hospital Benefit if you need to be admitted.

General dentistry is not a separate benefit. Check your plan to see how you are covered.

**No limits** - For most plans, there is no overall limit for basic dental treatment, as long as there are funds available in the day-to-day benefit. Funds from your day-to-day benefit are used for regular dentist appointments. The amount in your day-to-day funds will be determined by the plan you have chosen.

**No preauthorisation** - No preauthorisation is needed for any standard in-patient or out-patient procedures, including the removal of wisdom teeth. Check the website for new guidelines about admissions for adults to have routine, conservative treatments.

**Payment in full** - Use dentists and hospitals within Discovery Health's network to get the best rates. The dentist will send the account directly to Discovery Health Medical Scheme and the Scheme will pay for approved consultations and procedures in full.

To find a Discovery Health network healthcare provider in your area, login to the website: [www.discovery.co.za](http://www.discovery.co.za) and search under Health / Health tools / MaPS (Medical and Provider Search).

**Hospital benefit cover** - Hospital-related accounts are paid by the scheme, up to 100% of the Discovery Health Rate, including the anaesthetist. The Executive Plan is paid at 300%.

If you or your child needs surgery as part of orthodontic treatment (known as orthognathic surgery), Discovery Health Medical Scheme pays the hospital account from your Hospital Benefit, except for the deductible, which will be for your own pocket. Accounts for dental appliances and orthodontic treatment including related accounts for orthognathic surgery, are paid from available day-to-day benefits, regardless of the place of treatment.



**Appliance limit and surgery benefit** - The Discovery Health Medical Scheme pays for all dental appliances (like crowns, bridges and dentures), their placement and orthodontic treatment (including the related accounts for corrective jaw surgery), up to 100% of the Discovery Health Rate, from your day-to-day benefit.

These costs add up to the dental devices, appliances and orthodontic treatment limit. This is a sub-limit of your Medical Savings Account, which is available up to a certain amount per person per year – you don't have to apply for this as a separate benefit.

**Separate benefits for severe dental and oral surgery** - In the case of emergencies affecting the mouth and other major oral health concerns, which are not paid under your normal cover, there is the Severe Dental and Oral Surgery Benefit. This separate benefit covers a defined list of procedures, such as severe oral infections, cleft lip and palate repair, and trauma to the mouth, with no upfront payment or co-payments, and no overall limits. You need to apply for this benefit separately and it is subject to preauthorisation and the scheme's rules and guidelines.

### What to look out for when you claim from Discovery Health Medical Scheme

Check if your healthcare provider has sent your account so you don't duplicate the claim.

Make sure your account is sent to Discovery Health within four months from the date of service; otherwise they will be considered expired and will not be paid.

Ensure that the following details are on the account:

- Your membership number
- The service date (the date your appointment/service took place)
- Your healthcare professional's details and practice number
- The amounts charged for the consultation and any diagnostic tests
- The relevant consultation and procedure code and diagnostic (ICD-10) codes performed
- The name and birth date of the dependant the service was done for
- If you have paid the account upfront, attach your receipt or make sure the claim says 'paid'

Remember always to keep copies of your claims for your records. To see the status of your claim, you can go to [www.discovery.co.za](http://www.discovery.co.za).

### Your dentist and dental specialist must include specific information on your account

#### 1. Tooth numbers where appropriate

- Dentists and dental specialists use a numbering system to identify teeth. This information serves a practical purpose in dental treatment and is according to local and international guidelines.
- If Discovery Health receives accounts for procedures that require tooth numbers and they are omitted, the account will not be considered for payment and a revised account will be requested.

#### 2. Place of service indicator

Your dentist and dental specialist must show on each account where the dental treatment was performed, for example in the doctor's rooms, in hospital, or at a day-clinic. This information determines from which benefit the accounts will be paid from. Without this information Discovery Health Medical Scheme will pay the claim from your day-to-day benefits.

### Conservative dentistry done in-hospital

If you are older than 13 years and have routine conservative dentistry like preventative treatments, simple fillings and root canal treatment performed in hospital or day clinic, Discovery Health Medical Scheme will pay these procedures from your available day-to-day benefits.



Discovery | 155 West Street | Sandton | 0860 99 88 77 or 083 123 88 77 | [www.discovery.co.za](http://www.discovery.co.za)

Discovery Health Medical Scheme Registration Number 1125.

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