



# PROCEDURE FOR DENTAL TREATMENT ABROAD

*Necessary information on documents to be submitted to the CMCM for dental reimbursement :*

EU MEMBER COUNTRY :	OUTSIDE THE EU :
<p>Detailed invoice with the following content :</p> <ul style="list-style-type: none"><li>• Patient's name and date of birth</li><li>• Dentist's name and address</li><li>• Date of invoice</li><li>• Date per treatment act</li><li>• Designation of the act to be specified</li><li>• Tooth number</li><li>• Price per act</li><li>• Total price invoiced</li><li>• Translation of invoices into one of the 3 official languages of Luxembourg (FR, DE, ENG)</li></ul> <p>Possibly, a pre- and post-treatment X-ray with the patient's name and date of the X-ray.</p>	<p>Detailed invoice with the following content :</p> <ul style="list-style-type: none"><li>• Patient's name and date of birth</li><li>• Dentist's name and address</li><li>• Date of invoice</li><li>• Date per treatment act</li><li>• Designation of the act to be specified</li><li>• Tooth number</li><li>• Price per act</li><li>• Total price invoiced</li><li>• Invoice signed by the dentist with signature stamp</li><li>• Translation of invoices into one of the 3 official languages of Luxembourg (FR, DE, ENG)</li></ul> <p>A pre- and post-treatment X-ray with the patient's name and date of the X-ray.</p>
<ol style="list-style-type: none"><li>1. Paid invoice for neighbouring and Benelux countries (Belgium, France, Germany and the Netherlands)</li><li>2. Proof of bank payment :<ul style="list-style-type: none"><li>• ATM ticket</li><li>• Bank transfer</li></ul></li></ol> <p><b><u>!!! Western Union and similar money transfers are not accepted !!!</u></b></p>	<p>Proof of bank payment :</p> <ul style="list-style-type: none"><li>• ATM ticket</li><li>• Bank transfer</li></ul> <p><b><u>!!! Western Union and similar money transfers are not accepted !!! Invoices paid in cash are also not admitted in accordance with the money laundering law !!!</u></b></p>
<p>Details of the reimbursement from the relevant health insurance company</p> <ul style="list-style-type: none"><li>• In the event of a refusal of reimbursement, you must provide the refusal from the health insurance as well as the original invoice. (except in countries without dental reimbursement, where the original invoice is sufficient)</li></ul>	<p>In the event of a refusal of reimbursement, you must provide the refusal from the health insurance as well as the original invoice. (except in countries without dental reimbursement, where the original invoice is sufficient)</p>