



99107118039000, 99107118039000

# Apply for a dental prosthesis allowance from the social compensation health insurance scheme

Heruntergeladen am 24.06.2025 https://fimportal.de/xzufi-services/403941603/L100001

Modul	Sachverhalt
Leistungsschlüssel	99107118039000, 99107118039000
Leistungsbezeichnung I	Apply for a dental prosthesis allowance from the social compensation health insurance scheme
Leistungsbezeichnung II	Apply for a dental prosthesis allowance from the social compensation health insurance scheme
Typisierung	3 - Bundesaufsichtsverwaltung: Regelung
Quellredaktion	Hessen
Quellredaktion Freigabestatus Katalog	Hessen unbestimmter Freigabestatus
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Katalog Freigabestatus Bibliothek	unbestimmter Freigabestatus
Freigabestatus Katalog Freigabestatus Bibliothek Begriffe im Kontext	unbestimmter Freigabestatus fachlich freigegeben (silber)





Modul	Sachverhalt
Verrichtungskennung	Erstattung (039)
SDG-Informationsbereich	Rechte und Pflichten im Bereich der sozialen Sicherheit in der Union, auch im Zusammenhang mit Renten
Lagen Portalverbund	Hilfen für Geschädigte (1160200)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	27.11.2024
Fachlich freigegen durch	Hessian Ministry of Labor, Integration, Youth and Social Affairs (HMSI)
Handlungsgrundlage	https://www.gesetze-im-internet.de/sgb_14/49.html https://www.gesetze-im-internet.de/sgb_14/143.html https://www.gesetze-im-internet.de/sgb_14/49.html https://www.gesetze-im-internet.de/sgb_14/143.html
Teaser	Injured parties can receive a subsidy for dentures as a result of a recognized consequence of injury. You can find out more here.
Volltext	Injured parties whose entitlement to medical treatment has been established will receive medical treatment benefits from January 1, 2024.  Instead of the provision of dentures, injured parties can receive an appropriate allowance for the procurement of dentures due to recognized consequences of injury if  1. they have an extended denture made due to further tooth loss not caused by the injury and 2. the extended denture is a non-divisible benefit.
	Please note that your social compensation provider will decide whether and to what extent you will receive support.
Erforderliche Unterlagen	If necessary, you must provide evidence:  • Medical evidence of the consequences of the injury and treatment history, for example: Dental report Treatment and cost plan for the planned treatment





# Modul

# **Sachverhalt**

# Voraussetzungen

- As the injured party, you have suffered a health impairment in Germany or, under certain conditions, abroad (§ 15 SGB XIV) due to a damaging event.
- The health impairment has resulted in physical, psychological, mental or sensory impairments that have already been recognized as consequences of injury with a degree of impairment.
- You have already been recognized as having lost or damaged a tooth.
- You would like to have an extended dental prosthesis made due to further tooth loss or damage that is not the result of an injury.
- Carry out a claim check before starting treatment.

# Kosten

The application is free of charge.

# Verfahrensablauf

When you apply for social compensation benefits, the social compensation law institution will check whether you are entitled to reimbursement of an allowance for dentures. You will receive a notification of the decision and, if applicable, information on the benefits granted as well as other necessary evidence.

You can apply for social compensation benefits online or in writing.

- If necessary, you can make an appointment with your contact person at the pension authority or at your responsible office.
- We will then discuss with you whether you are entitled to social compensation benefits and what support services can be offered.
- If necessary, the case management team can discuss the further procedure and possible entitlements to benefits with you that go beyond the general duty to provide information and advice.
- If you are entitled to social compensation benefits, your contact person will discuss the next steps with you.
- The contact person will provide you with the relevant documents. If necessary, complete the documents, enclose the required evidence or supporting documents and send the documents back to your contact person.
- Your claims will be determined ex officio on the basis





Modul	Sachverhalt
	of the documents. The authority will inform you of the result in The authority will inform you of the result in the form of a decision, which is usually sent to you by letter.  • If entitlements to benefits have been determined, you will receive an approval notice. If no entitlements are determined, you will receive a rejection notice.  • However, you also have the option of submitting the application online. To do this, you must complete the online application and upload the necessary supporting documents  • The eligible costs and approved cash benefits will be transferred to the account you have specified.
Bearbeitungsdauer	The prerequisite for processing is that all mandatory information has been provided. The processing time varies depending on the competent authority and the individual case. It is not possible to give an exact time and it depends on the complexity of the individual case.
Frist	There is no deadline.
weiterführende Informationen	Further information can be found on the website of your country or your competent authority. https://www.bmas.de/DE/Soziales/Soziale-Entschaedig ung/soziale-entschaedigung.html https://www.bmas.de/DE/Soziales/Soziale-Entschaedig ung/soziale-entschaedigung.html
Hinweise	Submit your documents before treatment to find out whether a subsidy can be paid.
Rechtsbehelf	Appeal: An appeal can be lodged against a decision within one month of its notification. Further information on the procedure and the competent authority to which you can lodge an appeal can be found in the notification of your application. The appeal can be submitted in writing and electronically.
Kurztext	<ul> <li>Subsidy for dental prostheses for health treatment of social compensation Reimbursement</li> <li>Eligibility requirements: A recognized consequence of injury that requires a dental prosthesis</li> <li>Costs: the application is free of charge</li> <li>Discretionary benefit, no legal entitlement</li> </ul>





Modul	Sachverhalt
	Responsible: Social compensation authorities
Ansprechpunkt	
Zuständige Stelle	The Hessian Offices for Care and Social Affairs (HÄVS) in Darmstadt, Frankfurt am Main, Fulda, Gießen, Kassel and Wiesbaden are responsible for this in the state of Hesse.  You can find the HAVS responsible for your place of residence under the following link: https://rp-giessen.hessen.de/H%C3%84VS%20Zust%C3%A4ndigkeiten https://rp-giessen.hessen.de/H%C3%84VS%20Zust%C3%A4ndigkeiten
Formulare	
Ursprungsportal	Apply for a dental prosthesis allowance from the social compensation health insurance scheme, Zuschuss zum Zahnersatz bei der Krankenbehandlung der sozialen Entschädigung beantragen