



99018003007000, 99018003007000 Contract dentist Admission

Heruntergeladen am 01.07.2025 https://fimportal.de/xzufi-services/427592956/L100040

| Modul | Sachverhalt |
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| Leistungsschlüssel | 99018003007000, 99018003007000 |
| Leistungsbezeichnung I | Contract dentist Admission |
| Leistungsbezeichnung II | |
| Typisierung | 2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug |
| Quellredaktion | Niedersachsen |
| Freigabestatus Katalog | unbestimmter Freigabestatus |
| Freigabestatus Bibliothek | unbestimmter Freigabestatus |
| Begriffe im Kontext | |
| Leistungstyp | Leistungsobjekt mit Verrichtung |
| Leistungsgruppierung | Gesundheit (003) |
| Verrichtungskennung | Zulassung (007) |
| SDG-Informationsbereich | Anerkennung von Qualifikationen zum Zwecke der Beschäftigung in einem anderen Mitgliedstaat |
| Lagen Portalverbund | Anerkennung ausländischer Berufsqualifikationen (1040400), Prüfung und Nachweise für Sachkunde und Sicherheit (2120300), Befähigungs- und Sachkundenachweise (2010200) |





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| Einheitlicher Ansprechpartner | Nein |
| Fachlich freigegeben am | 27.05.2021 |
| Fachlich freigegen durch | Lower Saxony Ministry of Social Affairs, Health and Equality |
| Handlungsgrundlage | https://www.gesetze-im-internet.de/sgb_5/95.html#: ~:text=%C2%A7%2095%20Teilnahme%20an%20der%2 0vertrags%C3%A4rztlichen%20Versorgung&text=Der% 20%C3%A4rztliche%20Leiter%20muss%20in,ist%20in% 20medizinischen%20Fragen%20weisungsfrei. https://www.gesetze-im-internet.de/zo-zahn_rzte/BJNR 005820957.html https://www.kzbv.de/bundesmantelvertrag.1223.de.ht ml https://www.gesetze-im-internet.de/sgb_5/95.html#: ~:text=%C2%A7%2095%20Teilnahme%20an%20der%2 0vertrags%C3%A4rztlichen%20Versorgung&text=Der% 20%C3%A4rztliche%20Leiter%20muss%20in,ist%20in% 20medizinischen%20Fragen%20weisungsfrei. https://www.gesetze-im-internet.de/zo-zahn_rzte/BJNR 005820957.html https://www.gesetze-im-internet.de/zo-zahn_rzte/BJNR 005820957.html |
| Teaser | With an admission as a panel dentist, you can bill the treatment of patients with statutory health insurance via the Association of Statutory Health Insurance Dentists. |
| Volltext | Admission as a panel dentist is the standard form of participation in panel dental care. This allows you to work in your own practice, joint practice, group practice or medical care center. By being admitted as a panel dentist, you become a member of your regional association of statutory health insurance dentists (KZV). You can also use this to bill all contractual dental services of patients covered by statutory health insurance. As a panel dentist, you must hold your consultation hours at the panel dentist's office. |





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| | Contractual dental activities outside the registered office of the panel dentist are in principle prohibited, unless the law grants such a possibility by authorisation. Such a possibility exists, for example, in the management of a branch practice, which can be operated in addition to the main practice. Prerequisites for approval are the improvement of the care of insured persons at the other locations and the unimpaired proper care of insured persons at the place of the panel dentist's seat. Minor disturbances to the care at the place of the panel dentist's registered office are irrelevant if they are outweighed by the improvement of the care at the other location. If the branch practice is within the scope of your KZV, it is responsible for approving a corresponding application. Otherwise, it is authorised by the |
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| | Admissions Committee in whose district the branch practice is located. |
| | If you wish to relocate your registered dentist's office, you must submit an application to the Admissions Committee. |
| | You can appeal against the decision of the Admissions Committee to the Appeals Committee. |
| | As a rule, retroactive decisions are not possible because they constitute status. |
| Erforderliche Unterlagen | Extract from the register of dentists, which shows: Day of approbation Date of entry in the dental register the date of recognition of the right to use a particular title of specialty, if this has taken place a statement that the utility order should be limited to half, if you intend to do so Curriculum vitae Certificate of good conduct if applicable, certificates from the KZV in whose area you were previously admitted as a panel dentist (stating the place and duration of the establishment or admission and the reason for any termination) Declaration of service or employment relationships existing at the time of application (indicating the earliest possible end of the employment relationship) |





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| | Statement as to whether you are addicted to drugs, or have been addicted to drugs within the last five years, or have undergone rehab for drug or alcohol addiction within the last five years, and that there are no legal obstacles to the practice of the dental profession You must present the documents in the original or as a |
| | certified copy. |
| Voraussetzungen | You can only be admitted to practise dentistry under the contract if you: |
| | are entered in the dental register, are not prevented by any employment relationships or other non-voluntary activities from providing the necessary care for insured persons (maximum 13 hours per week with full admission), carry out only dental activities which are compatible with the activities of panel dentists, and have no health or other serious personal deficiencies (in particular, you must not have been addicted to drugs or alcohol in the five years prior to the application) |
| | Note: Even if there are impediments within the meaning of the second or third indent, you may be admitted as a panel dentist on condition that the impediment has been removed no later than three months after the admission has become final. Activities in approved hospitals, preventive care or rehabilitation establishments are compatible with a panel dentist's activity. |
| Kosten | for the application for admission: EUR 100,00 further EUR 400.00 after admission has become incontestable |
| Verfahrensablauf | You must apply for admission in writing to the competent authority, submit the necessary documents and pay the fee due (EUR 100.00). |
| | The application must contain: |
| | • for which practice location (street, house number, |





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| | postcode and city) and • if applicable, for which subject area you are applying for admission |
| | The Admissions Committee decides on the application after oral proceedings. The decision shall specify by when you must commence your contractual dental activity at the registered office of the panel dentist. |
| | Note: If there are important reasons, this date can be postponed upon request. |
| | The decision will be sent to you together with a statement of your rights. The Association of Statutory Health Insurance Dentists and other parties involved will also receive a copy of the decision. |
| | The official certificate of good conduct of document type "O" is required. |
| Bearbeitungsdauer | If the complete application documents are submitted to the office by the deadline, a decision will be made at the next meeting; Meeting dates: approximately every six weeks. Only if the application including the necessary documents are received by the registry in due time can it be guaranteed that the application will be submitted to the Admissions Committee for decision at the next meeting. |
| Frist | Taking up the activity of panel dentist by the date specified in the decision Note: If there are important reasons, the date can be postponed upon request. |
| weiterführende Informationen | |
| Hinweise | The procedure can only be carried out in German. |
| Rechtsbehelf | The social law route applies. |
| Kurztext | Upon admission, the panel dentist becomes a member of the regionally responsible Association of Statutory Health Insurance Dentists (KZV). Contract dental services for patients covered by statutory health insurance are billed via the KZN. |





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| Ansprechpunkt | Admissions committee of the registration district in which you wish to establish yourself as a panel dentist. |
| Zuständige Stelle | |
| Formulare | Forms are available via the online portal of the KZV Niedersachsen. https://www.kzvn.de/startseite.html https://www.kzvn.de/startseite.html |
| Ursprungsportal | Contract dentist Admission, Vertragszahnärztin/Vertragszahnarzt Zulassung |