General Terms and Conditions of Health Insurance for Acute and Emergency Care for Foreign Nationals
VPP NZPC 05/2018

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Article 1 Introduction
1. Health Insurance for Acute and Emergency Care for Foreign Nationals (hereinafter the "insurance") provided by Slavia pojištěovna, a.s., ID. No. 60197501, with its registered office at Revoluční 1, 110 00 Prague 1, Czech Republic (hereinafter the "Insurer"), is governed by the laws of the Czech Republic, especially Act No. 89/2012 Coll., the Civil Code, as amended, by these General Terms and Conditions of Health Insurance for Acute and Emergency Care for Foreign Nationals VPP NZPC 05/2018 (hereinafter the "General Insurance Terms and Conditions") and by the provisions of the insurance contract. The General Insurance Terms and Conditions form an integral part of the insurance contract. The General Insurance Terms and Conditions include necessary medicines and medical equipment;

2. The insurance is taken out as an insurance product against loss and damage for a fixed term. The Insurance is similar to the general public health insurance, however its scope is limited by exclusions and insurance coverage limits.

3. The insurance contract applicable to Health Insurance for Acute and Emergency Care for Foreign Nationals is evidence of travel health insurance for foreign nationals pursuant to Act No. 326/1999 Coll., on the stay of foreign nationals in the Czech Republic, as amended.

Article 2 Definitions
1. Policyholder shall mean a natural or legal person that has signed an insurance contract with the Insurer and is obliged to pay the premium.

2. Insurer is Slavia pojištěovna a.s.

3. Insured Person is the foreign national (a natural person who is not a citizen of the Czech Republic) to whose health the Insurance applies.

4. Beneficiary is a person who has demonstrably incurred the costs of healthcare provided to the Insured Person; and who incurs the right to an insurance indemnity as a result of an insured event.

5. Insurance Period is the period for which the Insurance was taken out.

6. Insured Risk is a possible cause of an insured event.

7. Loss Event is an event that results in a loss and may give rise to the right to indemnity.

8. Insured Event is an accidental state of affairs giving rise to the Insurer's responsibility to provide an indemnity.

9. Sudden Illness means a sudden and unpredictable deterioration of the state of health, representing a direct threat to the health or life of the Insured Person or requiring acute and emergency care.

10. Injury means the sudden and unanticipated exertion of external forces or the Insured Person's own physical strength, independent of the will of the Insured Person, resulting in damage to the health of the Insured Person or his/her death.

11. Home Country is the country whose valid travel document is held by the Insured Person.

12. Repatriation is transport of the Insured Person or his/her bodily remains to the home country or to another country of his/her permitted residency, as the case may be.

13. Acute and Emergency Care means healthcare provided to the Insured Person in the event of an injury or sudden illness, where any delay could result in a serious deterioration of health, damage to health or a threat to life. It includes:

   a) acute care provided by a medical assistance or emergency service;

   b) doctor-induced transportation to the nearest professional healthcare facility;

   c) establishing diagnoses and treatment procedures, including necessary examinations;

   d) acute and emergency medical interventions including necessary medicines and medical equipment;

   e) necessary hospitalization for a necessary period of time; up to the extent of acute and emergency care normally covered by the general health insurance system of the CR, or the general health insurance of another country that is party to the Schengen Agreement, on whose territory, which forms a part of the Schengen Area, the acute and emergency care was provided to the Insured Person. The scope is further determined by exclusions from the insurance coverage by and the agreed indemnity limits.

14. Insured Person's Card is written confirmation issued by the Insurer to the Insured Person to prove the existence of the Insurance. Contact details for the assistance service are provided on the reverse of the Insured Person's Card.

15. Assistance Service is secured by a contractual partner of the Insurer. The purpose of the assistance service is to provide assistance to the Insured Person in relation to the insured event (resolution of language problems when communicating with medical facilities, organization of transport or repatriation of the Insured Person).

16. Contracted Medical Facility is a medical facility in the CR with which the Insurer has signed a contract regarding the provision of healthcare covered by this Insurance. Information regarding contracted medical facilities shall be provided to the Insured Person by the assistance service.

17. Transit Countries are only those countries in the Schengen Area in whose territory the Insured Person is present for the period of time necessary for the fastest and shortest transport of the Insured Person from his/her home country to the CR and back.

18. Initial Age of the Insured Person is the difference between the year when the Insurance commenced and the year of birth of the Insured Person.

Article 3 Subject of the Insurance, Insured Risk, Insured Event
1. The Insurance applies to the cost of acute and emergency care provided to the Insured Person, and related assistance services, the scope of which depends on the type of stay of the Insured Person and the place of stay of the Insured Person.

2. It may also be agreed in the Insurance contract that the Insurance covers the cost of acute and emergency healthcare, and related assistance services, provided to the Insured Person during a tourist stay of the Insured Person in the Schengen Area outside the territory of the CR.

3. The insured risk is a sudden illness of the Insured Person, or an injury to the Insured Person, which may occur during the term of insurance and which may result in a condition requiring acute and emergency care.

4. The insured risk during a stay of the Insured Person in the Schengen Area outside the territory of the CR is a sudden illness of the Insured Person, or an injury to the Insured Person, which may occur during the term of insurance in relation to everyday civic activities, and result in a condition requiring acute and emergency care, excluding, however, illnesses and activities which occurred during any sports or sport-related recreational activities.

5. Loss means the cost incurred to provide acute and emergency care to the Insured Person within the scope of the Insurance taken out.

6. An insured event is a sudden illness or injury to the Insured Person, as a result of which it was necessary to provide acute and emergency care or assistance services, corresponding to the conditions and scope of the Insurance taken out, where the Insured Person became liable to pay the costs of the healthcare to the medical facility, or to pay the costs of assistance services to the provider, as appropriate.

7. Events arising from one cause, comprising all the facts and their consequences, amongst which there is a causal, temporal or other direct link, shall be deemed a single insured event.

Article 4 Type of Stay, Territorial Scope, Scope of Insurance
1. The scope of the Insurance within the territory of the CR depends on the agreed type of stay of the Insured Person within the territory of the CR. Insurance may be agreed for:

   a) "Business Stay", during which the Insured Person pursues or seeks gainful activity in the CR. For Insured Persons of an initial age from at least 15 years to no more than 70 years;

   b) "Tourist Stay", during which the Insured Person does not pursue any gainful activity;

   c) "Study Stay", which is a stay in the CR for the purpose of study pursuant to the Act on the stay of foreigners in the Czech Republic, for Insured Persons of an initial age from at least 15 years to no more than 26 years;

   d) "Family Reunification", which is a stay in the CR for the purposes of cohabitation of a family pursuant to applicable legislation governing the stay of foreign nationals within the territory of the CR.

2. The territorial scope of "CR" or "Schengen" may be agreed in the insurance contract.

   a) If the territorial scope of "CR" is agreed in the insurance contract, the place of insurance shall only be the territory of the CR;

   b) If the territorial scope of "Schengen" is agreed in the insurance contract, the place of insurance shall be the whole territory of the Schengen Area, wherein the Insurance only applies to a tourist stay of the Insured Person in the Schengen Area outside the territory of the CR and exclusively for the case of a sudden illness or injury of the Insured Person, which may occur during the term of the Insurance in relation to his/her everyday civic activities and result in a condition requiring acute and emergen-
cy care. The maximum duration of the stay in the Schengen Area must not exceed 30 days per trip.

3. The indemnity is necessary and reasonable costs justifiably and demonstrably incurred in accord-

ance with the applicable medical and legal regulations:

a) for acute and emergency care provided to the In-

sured Person by a contracted medical facility within

the scope of the agreed Insurance;

b) for acute and emergency care provided to the In-

sured Person at the place of occurrence of the in-

sured event by a non-contracted medical facility

within the scope of the general health insurance system,

or the standard payment which would otherwise be

paid in the general health insurance system of another

member country of the Schengen Area in which its terri-

tory, forming a part of the Schengen Area, acute and

emergency care was provided to the Insured Person.

5. The Insurer shall provide the Insured Person or another person with compensation for the costs demonstrably incurred by the person during the insurance period for medicines prescribed by a doctor during outpatient care, up to the relevant indemnity limit as agreed in the insurance contract. The maximum indemnity to cover the costs of medicines prescribed by a doctor during outpatient care shall be reimbursed for this medicine within the Czech general health insurance system, as specified in the applicable, currently valid regulations of the Ministry of Health of the CR (the list of medicinal products fully or partially

covered by health insurance).

6. The Insurer shall provide indemnity in relation to direct provision of the following assistance services:

a) repatriation of a sick Insured Person, which is pos-

sible under the condition of the Insured Person's health,

and is organized by the assistance service provid-

er based on a decision of the Insurer and with the

assent of the attending doctor of the Insured Person;

b) transport of the bodily remains of the Insured Per-

son to the country of which the Insured Person was

a passport holder or to another country in which the

Insured Person has permitted residency;

c) if the Insured Person fails to undergo repatriation,

the Insurer shall decide, with the

consideration of the Insurer's decision, whether the

Insurer is not obliged to provide indemnity for

medical interventions not provided by a medical

facility or medical staff, or those that are not lege-

d) medical interventions not provided by a medical

facility or medical staff, or those that are not lege-

eral medical viewpoints.

6. The Insurer shall not provide indemnity for:

a) artificial fertilisation, infertility examination and treat-

ment, contraception and related interventions, and

abortion;

b) healthcare related to an Insured Person's pregnan-

cy and childbirth;

c) dental interventions that are not listed in the over-

view of reimbursed dental interventions to the amount of reim-

bursement for this medicine within the Czech general

health insurance system, as specified in the applicable,

currently valid regulations of the Ministry of Health of the

CR (the list of medicinal products fully or partially

covered by health insurance).

7. If an insured event has taken place and continuous hospitalization of the Insured Person occurs, it is likely to exceed the term of the Insurance, the Insurer shall decide on the further procedure as follows:

a) if the health condition of the Insured Person allows for repatriation, the Insurer shall decide, with the

asent of the attending doctor, on repatriation;

c) if the health condition of the Insured Person does not allow for repatriation, the Insured Person shall be

b) transport of the bodily remains of the Insured Per-

son to the country of which the Insured Person was

a passport holder or to another country in which the

Insured Person has permitted residency, organ-

ized by the assistance service upon approval by the

Insurer.

8. The extent of the Insurer's obligation to provide in-

demi ty is limited by exclusions from the Insurance and by indemnity limits.

9. The base limit indemnity shall be the indemnity limit provided in the insurance contract. The insurance contract also stipulates the indemnity limit for all insured events during the term of the Insurance.

10. The upper limit of indemnity for losses that arise in the Schengen Area outside the territory of the CR is EUR 30,000.

Article 5 Health care

1. The Insurer shall provide the indemnity to the benefi-

ciary; in the case of healthcare provided by a relevant

medical facility, the indemnity shall be paid directly to

that medical facility.

2. The indemnity shall be paid by the Insurer to the ben-

eficiary upon presentation of the original counterparts

of the required documents. The original counterparts

of these documents shall remain with the Insurer and

will not be returned.

3. If the Insured Person who is the beneficiary de-
4. The effect and validity of the Insurance shall be condi-
tional upon the Insured Person's lawful stay in the CR, sub-
ject to the conditions stipulated by the applicable Czech 
legal regulations.

5. Any agreements, amendments and annexes to the in-
urance contract form integral parts thereof. Amend-
ments which lower conditions regarding the con-
cclusion, term and changes in the Insurance shall also be 
deemed parts of the contract.

Article 8
Insurance Period, Commencement and Termination of the Insurance

1. The insurance contract is concluded for a fixed 
term. The insurance period is agreed in the insur-
ance contract.

2. The Insurance commences at 00:00 hours on the 
date specified in the insurance contract as the date of 
commencement of the Insurance, but no sooner than at 
00:00 hours on the day following signing of the insur-
ance contract.

3. The Insurance shall terminate on legal grounds and 
subject to legal conditions and also:
   a) upon expiry of the insurance period at 24:00 hours 
on the date agreed as the date of termination of the 
Insurance, unless it has terminated earlier;
   b) on the date of death of the Insured Person;
   c) on the date when the Insured Person or the Insured 
Person's application for a residence permit for the 
CR or on dismissal of the Insured Person's application for a residence permit for the CR. The Insured Person is obliged to return all docu-
ments attesting to the validity of the Insurance.

4. The Insurance shall not be interrupted within the 

Article 9
Responsibilities of the Insurer

1. In addition to other responsibilities stipulated by the 
generally binding legal regulations, the Insurer shall 
have the following obligations:
   a) Upon receiving a report of an insured event asso-
ciated with a claim to indemnity, the Insurer shall, 
without undue delay, commence an investigation in 
order to ascertain the extent of its responsibility to 
pay indemnity. Should the costs of the investiga-
tion incurred by the Insurer be caused or increased 
by a breach of duty on the part of the Insured Per-
son, the Insurer may require that the Insured Person 
pay appropriate compensation.

b) The Insurer shall complete the investigation within 
three months of the date on which it was notified of 
the event. If the Insurer cannot complete the inves-
tigation within the prescribed period, the Insurer shall 
inform the person who may be, or is, entitled to 
indemnity, of the reasons why the investigation 
cannot be completed, and provide the person with 
an appropriate advance payment upon request.

c) The Insurer shall maintain confidentiality with re-
spect to facts related to the Insurance, of which the 
Insurer becomes aware during the process of 
taking out the Insurance, to the administration thereof, and to the settlement of insured events.

2. The Insurer processes personal data of natural persons 
in accordance with valid legislation and internal rules 
for the processing of personal data. The full text can be 
found at www.slava-pojsstovna.cz/cs/ochrana-osob-
nich-udaju.

3. Indemnity is payable within 15 days of completion of 
the investigation pursuant to Par. 1 above. The investi-
gation is completed when the Insurer notifies the ben-
ciees of the results.

4. If the insurance contract or the Insured Person's Card is 
lost, damaged or destroyed, the Insurer shall issue the 
policyholder a copy upon his/her request and at his/ 
her expense.

5. The Insurer shall supply information about the insurer 
and the Insurer's obligation to those interested in the 
Insurance before concluding the insurance contract 
and shall provide this information through its employ-
ees and authorized insurance brokers.

6. During the term of the insurance contract, the Insurer 
shall supply information to the policyholder to his/her 
address as specified in the insurance contract.

Article 10
Responsibilities of the Policyholder and of the Insured Person

1. In addition to the responsibilities stipulated by gen-
erally binding legal regulations, the policyholder and 
the Insured Person shall truthfully and fully answer all 
the written questions put forth by the Insurer with re-
gard to the investigation being taken out. This also applies 
where the Insurance is amended or a loss event settled.

2. The Insurer has the same responsibility towards the 
policyholder and the Insured Person.

3. In addition, the policyholder and the Insured Person 
shall:
   a) inform the Insurer in writing of any change in any information given in the insurance contract at any 
time during the term of the insurance contract;
   b) inform the Insurer in writing and without undue 
delay of any change in any information provided in 
response to a written question when the Insurance was 
taken out;
   c) enable the Insurer to perform an investigation into 
the causes of the loss event and the extent of its 
consequences, and co-operate with the Insurer in 
this respect;

3. The Insured Person shall:
   a) do everything to avert the occurrence of an insured 
event and to reduce the extent of the ensuing loss;
   b) notify the police of the CR or any other competent 
authority accordingly and without undue delay if there 
should be suspicion of a criminal offence or 
misdemeanor related to the loss event;
   c) proceed so that the Insurer can exercise its right to 
indemnify the Insured Person within a period of one 
month from the date of the occurrence of the loss event, its 
extent, and the direct connection of the loss event with the 
Insured Person's application for a residence permit for the 
CR; the Insured Person is obligated to return all docu-
ments attesting to the validity of the Insurance.

4. The Insurance shall not be interrupted within the 

Article 11
Responsibilities of the Insured Person in Case of an Insured Event

1. In case of an insured event, the Insured Person shall:
   a) always and without undue delay, and if of his/her 
health condition so permits, directly contact the 
assistance service or the Insurer, follow their in-
structions and, upon request, undergo a health 
examination at a medical facility designated by the 
service provider or, by the Insurer, and follow the 
instructions and recommendations of the 
medical staff;
   b) if need be, seek medical treatment and present the 
Insured Person's Card to the healthcare provider;
   c) on request of the Insurer, release the healthcare 
provider in writing from its responsibility to main-
tain confidentiality and provide the Insurer with 
written authorization to obtain information which 
is subject to the confidentiality duty of the medical 
staff of the medical facility, insurance companies, 
including health insurance companies, and the 
polic e of the CR, and which is required for the Insurer's 
investigation in case of an insured event;
   d) to undergo treatment or a necessary health exam-
ination by a doctor designated by the Insurer or by 
the Insurer's assistance service provider;
   e) if the state of health of the Insured Person so per-
mits, or if the duration of medical treatment ex-
cedes the term of the Insurance, to request the 
request of the Insurer or the Insurer's assistance 
service provider.

2. If direct settlement of expenses which may consti-
tute the subject of indemnity is required of the In-
sured Person by a medical facility, the Insurer may 
accept original counterparts of the required docu-
ments within the scope of Par. 4, and keep them 
securely until they are presented to the insurer. 
the Insured Person also has this responsibility in 
other cases where losses are to be settled directly 
by him/her;
   b) pay the medical facility appropriate and proven 
prices in cash;
   c) without undue delay, present the required docu-
ments under Par. 4 to the Insurer, or to the assist-
ance service.

3. The Insured Person shall notify the Insurer in writing, 
without undue delay, of any event which gives rise to 
the right to indemnity, provide a truthful explanation 
of its occurrence and the extent of its consequences, 
and present the necessary documents to ascertain any 
circumstances decisive for assessment of claims for 
indemnity and specification of its amount. This 
obligation may also be fulfilled by another person (e.g. 
a medical facility).

4. The notification of a Loss Event including annexes must 
unambiguously prove and show:
   a) the place, date, time, cause and circumstances of 
the occurrence of the loss event, its extent, and the 
direct connection of the loss event with the Insured 
Person;
   b) the subject matter of the payment, i.e. the costs 
incurred by the provision of acute and emergen-
cy care to the Insured Person in relation to the 
given loss event, as follows: the original counter-
part of the medical facility containing a detailed 
description of the health condition of the Insured 
Person, including diagnosis codes; a full list of the 
performed medical interventions, including their 
description, codes, scores, prices, and dates when they 
were performed; names and amounts of the administered 
medicines, including names, scores, prices, and a list of the used or 
provided medical supplies and services, including their 
prices; and details of hospitalization, if any;
   c) copies of doctor's prescriptions for outpatient 
medications;
   d) the original counterpart of some other document 
issued by the medical facility containing the pur-
pose and full list of the performed medical inter-
ventions, including their description, codes, scores 
and prices, and dates when they were performed;
   e) the costs to be covered, including the amount and 
subject matter of payment (e.g. a bill issued by 
the medical facility or pharmacy).

5. In case the loss event is investigated by the police or 
any other state administrative body, notification of the 
loss event shall be accompanied by a police protocol 
of confirmation of the occurrence of the loss event, 
and in case of the death of the Insured Person, an official 
death certificate and a medical certificate on the cause 
of death shall be presented.

6. All the documents attached to a written communica-
tion of the loss event must be made out in the name 
of the Insured Person, specifying the date of issue and 
bearing the signature and stamp of the issuer.

Article 12
Other Rights and Responsibilities of the Parties to the Insurance

1. The Insurer is entitled to verify the submitted docu-
ments, request expert reports and consult medical fa-
cilities or other organizations and persons on complex 
loss events.

2. The Insured Person, beneficiary, or the person who 
incurred salvage costs shall take measures to ensure 
that the right to compensation for damages, which 
pertains according to law to the Insurer, does not lapse 
or expire.
3. In the event that the Insurer has provided indemnity to the relevant medical facility or person who demonstrably incurred, for the Insured Person, the costs of treatment within the scope of acute and emergency care, the Insurer has the right to reimbursement of the paid indemnity from the Insured Person if:
   a) the insured event was caused by or related to the consumption of alcohol or narcotics, or other psychotropic or addictive substances, or agents containing such substances, by the Insured Person;
   b) the insured event was caused by the Insured Person through his/her intentional conduct.

**Article 13 Insurance Premium**
1. An insurance premium constitutes consideration for the insurance coverage provided. The amount of the premium shall be determined by the Insurer. The amount of the premium is stipulated in the insurance contract.
2. The Insurer is entitled to a premium for the entire insurance period. The Insurer acquires this right on the date when the insurance contract is concluded.
3. The insurance contract is concluded with a one-off premium that is payable in full in the Czech currency on the date when the insurance contract is concluded.

4. The Insurer has the right to verify with the Insured Person the correctness of data decisive to the determination of the amount of the premium.
5. The Insurer has the right to the insurance premium for the entire insurance period, even if the Insurance expires before expiry of the insurance period. The Insurer acquires this right on the date when the insurance contract is concluded.
6. If the insurance expires before the end of the insurance period, without an insured event occurring during the term of the insurance, the insurer shall be entitled to reimbursement of costs related to the origination and administration of the insurance.
7. The costs related to the origination and administration of the insurance constitute 20% of the prescribed premium.

**Article 14 Salvage Costs**
During the term of the Insurance, the limit for salvage costs incurred to save the life or health of the Insured Person equals 30% of the relevant indemnity limit, as agreed in the insurance contract. Compensation for other salvage costs incurred during the term of the Insurance is limited to the amount of CZK 100,000 for each and every event.

**List of Covered Dental Interventions**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>00908</td>
<td>Acute treatment and examination of an unregistered patient</td>
<td>295 CZK</td>
</tr>
<tr>
<td>00910</td>
<td>Intraoral X-ray</td>
<td>70 CZK</td>
</tr>
<tr>
<td>00911</td>
<td>Extraoral X-ray film preparation - only in case of injury</td>
<td>225 CZK</td>
</tr>
<tr>
<td>00913</td>
<td>Orthopantomogram preparation - only in case of injury</td>
<td>70 CZK</td>
</tr>
<tr>
<td>00914</td>
<td>Orthopantomogram analysis - only in case of injury</td>
<td>270 CZK</td>
</tr>
<tr>
<td>00916</td>
<td>Foramen mandibulae and infraorbital anaesthesia</td>
<td>100 CZK</td>
</tr>
<tr>
<td>00917</td>
<td>Infiltrative and other anaesthesia</td>
<td>80 CZK</td>
</tr>
<tr>
<td>00920</td>
<td>Dental decay treatment - permanent tooth - photocomposite filling</td>
<td>315 CZK</td>
</tr>
<tr>
<td>00921</td>
<td>Dental decay treatment - permanent tooth</td>
<td>220 CZK</td>
</tr>
<tr>
<td>00922</td>
<td>Dental decay treatment - temporary tooth</td>
<td>126 CZK</td>
</tr>
<tr>
<td>00925</td>
<td>Conservative treatment of dental decay complications – permanent tooth</td>
<td>265 CZK</td>
</tr>
<tr>
<td>00945</td>
<td>Targeted examination</td>
<td>10 CZK</td>
</tr>
<tr>
<td>00949</td>
<td>Temporary tooth extraction</td>
<td>87 CZK</td>
</tr>
<tr>
<td>00950</td>
<td>Permanent tooth extraction</td>
<td>168 CZK</td>
</tr>
<tr>
<td>00951</td>
<td>Minor surgery of hard tissues in the oral cavity (surgical extractions and extraction wound revision)</td>
<td>525 CZK</td>
</tr>
<tr>
<td>00955</td>
<td>Minor surgery of soft tissues in the oral cavity (decapsulation and mucous wound suture to 5 cm)</td>
<td>420 CZK</td>
</tr>
<tr>
<td>00957</td>
<td>Minor traumatology of hard tissues in the oral cavity</td>
<td>420 CZK</td>
</tr>
<tr>
<td>00959</td>
<td>Intraoral incision</td>
<td>105 CZK</td>
</tr>
<tr>
<td>00961</td>
<td>Treatment of surgical complications in the oral cavity</td>
<td>45 CZK</td>
</tr>
<tr>
<td>00962</td>
<td>Conservative treatment of temporomandibular joint disorders (only manual reposition of TMJ luxation)</td>
<td>300 CZK</td>
</tr>
<tr>
<td>00963</td>
<td>Injections I.M., S.C., I.D., I.V.</td>
<td>53 CZK</td>
</tr>
<tr>
<td>00952</td>
<td>Major surgery of hard tissues in the oral cavity (complicated surgical extraction and primary closure of oroantral communication)</td>
<td>1155 CZK</td>
</tr>
<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5 cm only)</td>
<td>900 CZK</td>
</tr>
<tr>
<td>00958</td>
<td>Major traumatology of hard tissues in the oral cavity</td>
<td>750 CZK</td>
</tr>
<tr>
<td>00960</td>
<td>External incision</td>
<td>600 CZK</td>
</tr>
</tbody>
</table>

**Czech Dental Chamber certificate**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>00955</td>
<td>Minor surgery of soft tissues in the oral cavity (decapsulation and mucous wound suture to 5 cm)</td>
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<tr>
<td>00952</td>
<td>Major surgery of hard tissues in the oral cavity (complicated surgical extraction and primary closure of oroantral communication)</td>
<td>1155 CZK</td>
</tr>
<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5 cm only)</td>
<td>900 CZK</td>
</tr>
<tr>
<td>00958</td>
<td>Major traumatology of hard tissues in the oral cavity</td>
<td>750 CZK</td>
</tr>
<tr>
<td>00960</td>
<td>External incision</td>
<td>600 CZK</td>
</tr>
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