General Terms and Conditions of Comprehensive Health Insurance for Foreign Nationals
VPP KZPC 01/2014

Table of Contents
Article 1 Introduction
Article 2 Definitions
Article 3 Subject of the Insurance, Insured Risk, Insured Event
Article 4 Type of Stay, Territorial Scope
Article 5 Scope of Insurance
Article 6 Indemnity
Article 7 Exclusions from Insurance Coverage
Article 8 Conclusion of the Insurance Contract
Article 9 Insurance Period, Commencement and Termination of the Insurance
Article 10 Responsibilities of the Insurer
Article 11 Responsibilities of the Policyholder and of the Insured Person
Article 12 Responsibilities of the Insured Person in Case of an Insured Event
Article 13 Other Rights and Responsibilities of the Parties to the Insurance
Article 14 Insurance Premium
Article 15 Salvage Costs
Article 16 Final Provisions List of Covered Dental Interventions

Article 1
Introduction

1. Comprehensive Health Insurance for Foreign Nationals (hereinafter referred to as the “Insurance”) provided by Slavia pojišťovna, a.s., ID No. 60197501, with its registered office at Revoluční 1, 110 00 Prague 1, the Czech Republic (hereinafter referred to as the “Insurer”), is governed by the laws of the Czech Republic, especially Act No. 89/2012 Coll., the Civil Code, by the General Terms and Conditions of Comprehensive Health Insurance for Foreign Nationals VPP KZPC 01/2014 (hereinafter referred to as 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 insurance contract is concluded in the Czech language.

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

3. The insurance contract applicable to Comprehensive Health Insurance 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 is the natural person or legal entity that has concluded an insurance contract with the Insurer and is responsible for payment of the insurance premium.

2. Insurer is Slavia pojišťovna 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 to which the right to the indemnity arises as a result of the 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 which may give rise to the right to indemnity.

8. Insured Event is an accidental state of affairs associated with the rise of the Insurer’s responsibility to provide an indemnity.

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

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 for which the Insured Person holds a valid travel document.

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

13. Comprehensive Healthcare is healthcare provided to the Insured Person, or the newborn baby of a female Insured Person, in a contracted medical facility of the Insurer, without direct payment of healthcare costs by the Insured and with the objective of maintaining his/her state of health from the period before conclusion of the insurance contract. This insurance includes preventive and dispensary healthcare related to the pregnancy of the insured mother and the birth of her child.

14. Acute and Emergency Care means healthcare provided to the Insured Person, or the newborn baby of a female 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.

15. 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.

16. 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).

17. Postnatal Healthcare for a Newborn Baby is comprehensive healthcare provided within the territory of the CR to a newborn baby of a female Insured Person, during the three months following the birth of the baby to the date of termination of postnatal hospitalization of the baby. For the purposes of this Insurance, a newborn baby means a baby up to three months of age.

18. 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 concerning contracted medical facilities shall be provided to the Insured Person by the assistance service.

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

20. 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 comprehensive healthcare and related assistance services, provided to the Insured Person within the territory of the CR as a result of a deterioration in health, illness, injury or in relation to the pregnancy or childbirth of a female Insured Person, which commenced during the insurance period and during the stay of the Insured Person within the territory of the Czech Republic.

2. The subject of the Insurance also covers the cost of acute and emergency healthcare and related assistance services provided to the Insured Person within the territory of the Schengen Area but outside the territory of the CR.

3. The insured risk consists in a change in the Insured Person’s state of health, resulting from an illness or injury, or for other reasons related to the state of health of the Insured Person, which may occur during the term of the Insurance and cause a health condition which requires the provision of healthcare.

4. An insured event is an illness or injury, or other change in the Insured Person’s state of health, as a result of which, or in order to avert such an event, it was necessary to provide healthcare or assistance services to the Insured Person, corresponding to the conditions and scope of the Insurance taken out, where the Insured Person became responsible for paying the costs of the healthcare to a medical facility or for paying the costs of assistance services to the provider, as appropriate. The healthcare must be provided during the term of the Insurance.

5. Pregnancy of a female Insured Person shall not be deemed an insured event provided that the pregnancy indisputably commenced prior to expiry of the third month of the insurance period, as certified by a specialist doctor. Childbirth as a result of the pregnancy of a female Insured Person which commenced prior to expiry of the third month of the waiting period, as certified by a doctor, shall not be deemed an insured event.

6. 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

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.

   b) “Tourist Stay”, during which the Insured Person does not pursue or seek any gainful activity.

   c) “Study Stay”, a stay in the CR for the purpose of study pursuant to the Act on the stay of foreign nationals in the Czech Republic.

2. For the Schengen Area, save for the territory of the CR, the Insurance applies only to a Tourist Stay of the Insured Person in the Schengen Area, where the duration of the stay may not exceed 30 days.

Article 5
Scope of Insurance

1. Comprehensive Health Insurance includes:

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

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

   c) establishment of 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;

   f) outpatient healthcare and institutional care, includ-
The Insured shall provide indemnity in relation to direct provision of the following assistance services:
1. Repatriation based on an insured Person, which is possible and necessary from a healthcare viewpoint and is organized by the assistance service provider based on a decision of the Insurer, and with the consent of the attending doctor of the Insured Person, to the country of which the Insured Person is a passport holder or to another country in which the Insured Person has permitted residency.
2. Transport of the bodily remains of the Insured Person to the country in whose territory the Insured Person was a passport holder or to another country in which the Insured Person had permitted residency, organized by the assistance service upon approval by the Insurer.
3. If an insured event has taken place and continuous hospitalization of the Insured Person exceeds or 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 consent of the attending doctor, on repatriation;
   b) if the health condition of the Insured Person does not allow for repatriation, the Insurer shall be treated in a medical facility designated by the Insurer and repatriation is possible from a medical viewpoint.
4. The extent of the Insurer's obligation to provide indemnity is limited by exclusions from the Insurance contract stipulated by indemnity limits.
5. The upper limit of 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.
6. Indemnity is payable within the term of the Insurer's obligation to provide indemnity.

**Article 6 Indemnity**

1. The Insurer shall provide indemnity to the beneficiary, 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 beneficiary upon presentation of the originals of the required documents. The originals of these documents shall remain with the Insurer and will not be returned.
3. If the Insured Person who is the beneficiary deceases with an outstanding claim to an indemnity which he/she did not receive during his/her lifetime, the procedure shall be governed by the applicable laws.
4. Unless agreed otherwise in writing by the parties, settlement under this Article is payable within the territory of the Czech Republic.

**Article 7 Exclusions from Insurance Coverage**

1. The Insurer shall be indemnified in relation to any losses or damages incurred in connection with unlawful medical and legal regulations:
a) the Insurer shall provide indemnity for healthcare provided to the Insured Person during the term of her insurance.
b) professional Sport (Profesionalni sport) type of insurance was taken out;
c) originating in the Insured Person's home country;
d) originating as a result of terrorist activities in which the Insured Person actively participated;
e) originating by acts of war, civil war or civil disturbance;
f) originating by acts of war, civil war or civil disturbance;
g) caused by the effects of chemical or biological weapons;
h) where the Insured Person knowingly failed to observe the legal regulations applicable at the place of the Insurance;
i) occurring during activities at locations not designated for such purposes;
j) occurring during the handling of firearms or explosives, or the unauthorized handling of pyrotechnical equipment and products;
k) occurring during the testing of means of transportation and during the performance of stunt work;
l) occurring during the preparation for or operation of extreme, hazardous or adrenaline sports, and potentially other activities associated with an increased risk; the Insurer shall decide about the level of risk.

This exclusion is not applicable if the "Professional Sport (Profesionalni sport)" type of insurance has been concluded.
6. The Insurer shall not pay indemnity:
   a) if the insured event is caused as a result of or in connection with disturbances or criminal activities caused or committed by the Insured Person, unless it is an injury;
   b) if the insured event occurred as a result of consumption of alcohol or in relation to the consequences of the use of alcohol, unless it is an injury;
   c) if the insured event occurred as a result of consumption or application of intoxicating, psycho
tropic or addictive substances, or agents containing such substances;
   d) if the event was caused by the willful conduct, default or co-default of the Insured Person, unless it is an injury;
   e) if the Insured Person fails to undergo repatriation, medical treatment or the necessary medical exams
   on by a doctor appointed by the Insurer or the assistance service, as the case may be;
   f) in cases of travelling into the CR, or out of the CR to other countries in the Schengen Area, for the pur
   of the law or due to the circumstances.
   g) should the Insured Person or his/her legal representa
tive sign a negative reverse declaration.

7. The Insurer shall not be obliged to provide indemnity if the entitlement from a single insured event does not amount to the amount of CZK 100.

Article 8
Conclusion of the Insurance Contract

1. The insurance contract is concluded upon its signing by the contracting parties and payment of the premi
in the specified amount.

2. The Insurer shall process the insurance contract on the basis of:
   a) a filled-in and signed form provided by the Insurer;
   b) a health questionnaire which is part of the insurance contract and is fully and truthfully filled in
   and signed by the Insured Person or the Insured Person’s representative;
   c) the results of the initial health examination of the Insured Person, carried out to the extent stipulated
by the Insurer and within the time limit agreed upon;
   d) if the Insured Person’s legal or authorized representa
tee is appointed, the agreement of the Insured Person to the representative sign a negative reverse declaration.

3. The representative of the Insured Person is the In
sured Person’s legal or authorized representative or, if
 approved by the Insurer, the closest relative of the Insured Person. If the insurance contract is conclud
ed without an initial health examination, the Insur
er has the right to request, within three months of
 commencement of the Insurance, that the Insured Person undergo the initial health examination within
 the prescribed scope and deliver the results of the ex
amination to the Insurer. In the event that the Insurer ascertains any differences between these results and
 the state of health according to the questionnaire, the
 Insurer is authorized to charge the additional premium
 to the policyholder for increased risks and determine a
deadline for payment, which may not be less than one
 month from delivery to the policyholder. If the policy
holder fails to pay the additional premium within the
 set deadline, the agreed insurance period shall be re
duced pro rata according to the amount of the unpaid additional premium charged by the Insurer.

4. The costs of the initial health examination shall be paid by
the person who is interested in the conclusion of the insurance
contract.

5. After conclusion of the insurance contract, the Insurer shall issue an Insured Person’s Card to the policyholder.

6. The effect and validity of the Insurance shall be condi
tional on the Insured Person’s lawful stay in the CR or
Schengen Area, as appropriate, subject to the condi
tions stipulated by the applicable legal regulations.

Article 9
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 insurance con
tract.

2. The insurance commences at 00:00 hours on the date
specified in the insurance contract to be the date of
 commencement of the Insurance. In the event that the date of commencement of the Insurance is not explicit
ly agreed in the insurance contract, it shall be deemed that the Insurance commences at 00:00 hours on the
day following conclusion of the insurance contract.

3. The Insurance shall terminate:
   a) upon expiry of the insurance period at 24:00 hours on the date agreed on in the insurance contract or on the date of termination of the Insurance, unless it has terminated earlier;
   b) on the date of death of the Insured Person; howev
er, if the Insurance applies to postnatal healthcare for a newborned Person of a deceased Insured Person, the Insurer shall terminate on the date of termination
 of the care, but not later than on the date of expiry of the insurance period agreed in the insur
ance contract that applies to this care;
   c) on the date of the insured event, on termin
ation of validity of the Insured Person’s residence permit for the CR or on dismissal of the Insured Person’s application for a residence permit in the CR. The Insurer is obliged to return all docu
ments attesting to the validity of the Insurance;
   d) on the date when the Insurer enters the sys
tem of general public health insurance in the CR.

4. The Insurance shall not be interrupted.

5. In exceptional cases the insurance contract may be ter
minated by an agreement of the contracting parties, under the agreed conditions.

Article 10
Responsibilities of the Insurer

1. In addition to other responsibilities stipulated by gen
erally binding legal regulations, the Insurer shall have the following obligations:
   a) Upon receiving a report of an insured event
   associated with a claim to indemnity, the Insurer shall:
   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 this period, the Insurer shall inform
   the person who may be, or is, entitled to indemnity,
   of the reasons why the investigation cannot be completed.
   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 tak
   ing out the Insurance, to the administration thereof,
   and to the settlement of insured events; personal data
   may be provided only in accordance with the
   applicable version of Act No. 101/2000 Coll., the
   Personal Data Protection Act, as amended.

2. 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
   eficiary of the results.

3. If the insurance contract or the Insured Person’s Card is
   lost, damaged or destroyed, the Insurer shall issue the
   beneficiary of the results.

4. 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 11
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 Insurance and its insured event. The Insurer
shall also:
   a) inform the Insurer in writing and without undue
delay of any change in any information provided 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 a 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 reduce the extent of the ensuing loss;
   b) notify the police of the CR or any other competent
authority accordingly, and without undue delay, should there be suspicion of a crime, insurance fraud, or
misconduct related to the loss event;
   c) proceed so that the Insurer can exercise its right to
indemnification, or a similar right that the Insurer has acquired in relation to an insured event, against
another person;
   d) fulfill other obligations set out in the General In
surance Terms and Conditions and in the insurance
contact;
   e) answer fully and truthfully all questions of the
Insurer concerning the facts about which she/he
is questioned in the insurance contract (particularly in the health questionnaire).

4. In addition to the responsibilities stipulated by gen
erally binding legal regulations, the policyholder shall also:
   a) pay the insurance premium to the Insurer;
   b) notify the Insured Person, without undue delay and
   not later than upon commencement of the Insur
ance of the fact that the Insurance has been taken
out on the Insured Person’s behalf, and familiarize
the Insured Person with the rights and responsi
bilities which arise for him/her from the arranged
Insurance.

5. If a conscious breach of any responsibilities by the pol
icyholder, the Insured Person or any other person hav
ing the right to an indemnity had a substantial effect
on the occurrence or course of an Insured Event, on in
creasing the consequences of the insured event, or on
ascertaining or determining the amount of indemnity,
the Insurer shall have the right to reduce the indemnity
depending on the extent that the Insurer was negligently
in performing his obligations.

This is without prejudice to the right of the Insurer to
refuse payment of indemnity under the applicable le
gal regulations.

Article 12
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 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 assistance service provider or 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 person treating
   them, or if the duration of medical treatment ex
  ceeds the term of the Insurance, to be repatriated at
   the request of the Insurer or the Insurer’s assistance
   service.

2. If the settlement of expenses which may constitute the
subject of indemnity is required of the Insured Per
son by a medical facility, the Insured Person shall:
   a) accept original counterparts of the required doc
uments within the scope of Par. 3 and keep them
securely until they are presented to the Insurer;
   b) if the Insured Person also has this responsibility in
other cases where losses are to be settled directly
by him/her;
   c) pay the medical facility the appropriate and proven
   costs in cash;
   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 treatment exceeds the term of the Insurance, to be repatriated at the request of the Insurer or the Insurer’s assistance
service provider;

2. If the settlement of expenses which may constitute the
subject of indemnity is required of the Insured Per
son by a medical facility, the Insured Person shall:
   a) accept original counterparts of the required doc
uments within the scope of Par. 3 and keep them
securely until they are presented to the Insurer;
   b) if the Insured Person also has this responsibility in
other cases where losses are to be settled directly
by him/her;
   c) pay the medical facility the appropriate and proven
costs in cash;
   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 treatment exceeds the term of the Insurance, to be repatriated at the request of the Insurer or the Insurer’s assistance
service provider;

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 demonstrate:
   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 emergency care to the Insured Person in relation to the given loss event, as follows: the original counter-part of the medical report 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 or prices, and dates when they were performed; names and the amounts of administered medicinal products, including their prices; 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 medicines;
   d) the original counter-part of some other document issued by the medical facility containing the purpose and full list of the performed medical interventions, including their description, codes, scores or prices, and dates when they were performed; names and amounts of the administered medicines, including their prices; and a list of the used or provided medical supplies and services, including their prices;
   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. For a loss event investigated by the police or other governmental authority, a police report or confirmation of the investigation of an accident shall also be enclosed with the notification of the loss event; in the event of the death of the Insured Person, an official death certificate and doctor’s certificate of the cause of death must also be enclosed.

6. All documents must be made out in the name of the Insured Person, specifying the date of issue and bearing the signature and stamp of the insurer.

### Article 13 Other Rights and Responsibilities of the Parties to the Insurance

1. The Insurer is entitled to verify the submitted documents, request expert reports and consult medical facilities or other organizations and persons, including those abroad, regarding 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 passes 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, in case of necessity sustained within the territory of the Czech Republic during the insurance period, 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, narcotics, psychotropics, 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 14 Insurance Premium

1. An insurance premium constitutes consideration for the insurance coverage provided. The amount of the premium shall be determined by the Insurer while taking into account the Insured Person’s state of health based on the health questionnaire and the initial health examination. 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 when the insurance contract is concluded.
4. If a payment is made in cash, the date of the payment is the date when the amount is accepted by the recipient. In the case of a wire transfer, the date of payment is the date when the sum is credited to the recipient’s account.
5. The rights and responsibilities arising out of this insurance shall be governed by Czech law. Any and all disputes arising out of or in connection with this insurance, which are not resolved by agreement or out-of-court settlement, shall be resolved by the competent Czech court.
6. The General Insurance Terms and Conditions are issued by the Insurer in the Czech language and translated into the Russian, Vietnamese, and English languages. The Czech version hereof shall prevail.
7. The General Insurance Terms and Conditions come into effect on 1 January 2014.

### List of Covered Dental Interventions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>00901</td>
<td>Examination and treatment of registered patient within preventive care (only for children under 15)</td>
<td>368 CZK</td>
</tr>
<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 anesthesia</td>
<td>100 CZK</td>
</tr>
<tr>
<td>00917</td>
<td>Infiltrative and other anesthesia</td>
<td>80 CZK</td>
</tr>
<tr>
<td>00920</td>
<td>Dental decay treatment - permanent tooth - photocomposite filling in patients under 18 years to extent of canines inclusive</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>00958</td>
<td>Intracranial 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>
</tbody>
</table>

### Czech Dental Chamber certificate

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>00952</td>
<td>Major surgery of hard tissues in the oral cavity (complicated surgical extraction and primary closure of orooral communication)</td>
<td>1155 CZK</td>
</tr>
<tr>
<td>00956</td>
<td>Major surgery of soft tissues in the oral cavity (wound suture to 5cm 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>
</tbody>
</table>

**T.C.:????????????**