



ZimVie Dental Restorative Reimbursement Application

ZimVie Dental Restorative Account Information

Restorative Account Number: _____ Telephone: _____

Restorative Account Name: _____

Restorative Account Address: _____

Surgeon's Name: _____

Surgeon's Telephone: _____ Patient's Initials or ID: _____

Laboratory Components

ZimVie Dental will replace components used in the case with actual components. ZimVie Dental can provide replacements of original components or will replace parts needed for a new fabrication. Please specify below:

<u>Catalog Numbers</u>	<u>Quantity</u>	<u>Tooth Position #</u>
------------------------	-----------------	-------------------------

Abutment: _____

Retaining Screw: _____

Laboratory Disclosure

ZimVie Dental provides a monetary reimbursement up to \$500 per T3[®] PRO, T3[®], TSX[™], Trabecular Metal[™] and Eztetic[™] free standing implant for the actual lab fees incurred. To receive this benefit, the surgeon must have submitted the failed implant along with a ZimVie Dental Product Experience Report. Please allow 45 days after submission of a completed lab reimbursement application and lab bill for ZimVie Dental to process the application and, if approved, remit payment.

Please attach a copy of the lab bill used in the fabrication of the crown(s) associated with the failed ZimVie Dental Dental implants. ZimVie Dental will not issue any reimbursement without the lab bill corresponding with the dates of treatment. Remember that ZimVie Dental will provide reimbursement only for costs associated with the original restorative fabrication only, and not refabrications.

Liability Statement: By signing below and accepting the benefit provided herein, Customer agrees that such benefit shall be the sole and exclusive compensation provided to either Customer or the respective patient who has undergone treatment, and shall comprise the full and final settlement with respect to any claims involving the failure of the corresponding implant and its restoration.

Customer Signature: _____ Date: _____

**ZimVie Dental
Warranty Department
4555 Riverside Drive
Palm Beach Gardens, FL 33410
(800) 443-8166 or (561) 776-6700
Fax: (561) 776-1272**