



ZimVie Restorative Reimbursement Application

Complaint CMP/CE# _____

Required for the failed Implant from the Surgeon

ZimVie Restorative Account Information

Restorative Account Number: _____ Telephone: _____
 Restorative Account Name: _____
 Restorative Account Email: _____
 Restorative Account Address: _____

Surgeon's Name: _____
 Surgeon's Account Number: _____
 Surgeon's Email: _____
 Surgeon's Telephone: _____ Patient's Initials or ID: _____

Patient's Initials or ID must match on both complaints

Laboratory Components

ZimVie will replace components used in the case with actual components. ZimVie 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>	<u>Failed Implant #</u>
Abutment:	_____	_____	_____	_____
Retaining Screw:	_____	_____		

Laboratory Disclosure

ZimVie provides a monetary reimbursement Up to \$500 per T3® PRO, T3®, Osseotite 2, 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 Product Experience Report. Please allow 45 days after submission of a completed lab reimbursement application and lab bill for ZimVie to process the application and, if approved, remit payment.

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

Name: _____ Signature: _____ Date: _____
 PRINT

ZimVie Warranty Department: DentalCSWarranty@ZimVie.com