Office use only

EMPE301-0412

Denplan Lucent claim form

To help us settle your claim quickly, please complete all sections as accurately as you can and write clearly in BLOCK CAPITALS using black or blue ink. Please ensure that you sign and date this form overleaf otherwise we will have to return it to you to sign before we can process your claim.

- Please send your completed claim form within 60 days of treatment where reasonably possible, to us at Denplan Corporate, Denplan Court, Victoria Road, Winchester, Hampshire SO23 7RG
- Please note that we can't accept treatment plans as proof of treatment neither can we reimburse you for treatment that has not been paid or completed. If your claim is over £1,000 please attach a copy of your dental records for assessment. Alternatively we can request a copy from your practice, which will delay the assessment of your claim.
- We will assess your claim within five working days from receipt. We can't be held responsible for postal delays when sending or receiving your claim.
- If you have any questions, please call Denplan on 0800 838 951 or log on/register with your member details. We're open Monday to Thursday 8.00am to 5.30pm and Friday 8.00am to 4.30pm alternatively you can email us at corporate@denplan.co.uk
- You can now submit your claims online at: www.denplan.co.uk/login

Claiming checklist

In order for your claim to go through successfully please make sure you have done the following:

- ☐ filled out all the relevant white boxes
- ☐ make sure the policyholder/patient has signed and dated the claim form NOT the dentist
- ☐ used one claim form per person
- ☐ attached fully itemised receipt(s) showing proof of payment and a breakdown of the treatment
- ☐ If you have received NHS dental treatment or dental emergency treatment, please make sure this is clearly stated on this claim form and your itemised receipt

Policyholder / Patient details

Please use one claim form per person

Policy number

Company name

Title

First name

Surname

Date of birth D D M M Y Y Y Y

Address

Postcode

Phone number

Email address

Patient details (if different from Policyholder)

Title

First name

Surname

Date of birth D D M M Y Y Y Y

Payment

If you are not completing an online claim submission and do not complete the payment details correctly we will automatically send a cheque to the policyholder

Please let us know whether you would like to receive payment by direct credit or cheque. A direct credit will reach your account within 3 days of the full assessment of your claim and confirmation of all payments will be sent by post.

By direct credit to Policy holder ☐ Patient ☐ Third Party ☐

If you have opted for payment by direct credit please also provide the following details

Name(s) of account holder(s)

Bank sort code

Bank account number

If you would like to make the payment to a third party please enter details below

Title

First name

Surname

Address

Postcode

By cheque to Policy holder ☐ Patient ☐ Third Party ☐

Treating dentist details

Name of dentist

Practice name

Practice address

Postcode

Practice phone number

Dentist GDC No.

Treatment details

Please tick to indicate the type of treatment received and whether it was NHS or private

Date of treatment D D M M Y Y Y Y If treatment spans more than one date this must be clearly shown on the itemised receipt.

Preventive Treatment	Routine & restorative*	Injury or emergency*	NHS	Private	Number of units	Total charge
Normal Examination						
Extensive/New Patient Examination						
Small (bitewing) x-ray						
Medium x-ray						
Large (panoral) x-ray						
Scale & Polish						
Fissure Sealant						
Topical Fluoride Application						
Fillings						
One surface amalgam filling						
Two or more surface amalgam filling						
One surface composite anterior filling						
Two or more surface composite anterior filling						
One surface composite posterior filling						
Two or more surface composite posterior filling						
Root Canal Treatment						
Root Canal Treatment – Incisor/canine						
Root Canal Treatment – premolar						
Root Canal Treatment – molar						
Crowns						
Porcelain jacket crown						
Metal bonded crown						
Dentine bonded crown / Full gold crown						
Zirconia crown						
Post						
Re-cement crown						
Bridgework						
Precious metal bonded porcelain bridgework					N/A	
Adhesive bridge					N/A	
Inlay						
Onlay						
Veneer						
Re-cement Bridge, Inlay, Onlay or Veneer						
Dentures						
Acrylic – full single denture						
Acrylic – full upper or lower denture						
Acrylic – partial denture						
Part metal denture						
Full metal denture						
Denture Repair						
Other						
Simple extraction						
Surgical extraction						
Orthodontic treatment (children only)						
Periodontal Treatment						
Mouthguard (excluding sports mouthguards)						
Sedation						

Other emergency treatment charges
Including, but not limited to, prescription charges, arrest of haemorrhage and costs of calling the emergency helpline (from overseas)

Total claims value £0

* for a description of the terms used above, see your policy document

If you are submitting a claim for a dental injury, please complete the additional information below.

Was the dental injury as a result of a contact sport?

Yes ☐ No ☐

If Yes, were you wearing a mouth guard?

Yes ☐ No ☐

Details of the injury

Declaration

I declare that I am the policyholder/patient.

I wish to make a claim on my policy and declare that all the particulars given above are, to the best of my knowledge, true and correct. I confirm that the patient consents to Denplan processing the particulars on this form and in any medical reports or health records that may be requested.

Data Protection Act – you will see this sign where we ask you to give personal information.

To set up and administer your policy we will hold and use information about you, and any family members covered by your policy, supplied by you or those family members and by medical providers.

We may send it in confidence for processing to other companies in the Simplyhealth group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you and any family members covered by your policy consent to such use of this personal data.

You may be contacted by post, telephone, or electronically if appropriate. If you DO NOT wish us to do this please tick below as appropriate.

Denplan Limited may send you details of other products and services ✔.

To enable them to send you details of their services we may also share some of your details with other Simplyhealth group companies based within the European Economic Area ✔ and with other carefully selected companies based within the European Economic Area ✔.

Patient/Policyholder signature

Date

D D M M Y Y Y Y

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Denplan
At the heart of dental care