

# Claim for overseas temporary emergency dental treatment

## Supplementary Insurance/Denplan Emergency – Benefit E

Before completing this form please read the terms and conditions of your policy document. To help us settle your claim quickly please answer all questions as accurately as you can and write clearly in BLOCK CAPITALS using black or blue ink.

Please make reasonable efforts to ask your consultant or dentist to complete the information required concerning any treatment and advice that you've received. If there is any difficulty in doing this, do not delay in returning the form to us.

Office use only. Claim reference number.

If you've any questions please call a member of our insurance team free from a UK landline on 0800 085 0960. Please send your completed form, within 60 days of the incident where reasonably possible, to us at Insurance Department, Denplan Limited, Denplan Court, Victoria Road, Winchester, Hampshire, SO23 7RG.

### Patient details

To be completed by the patient (or parent/guardian of a patient under 16 years)

Which Denplan product are you registered on?

Denplan Care  Denplan Essentials  Membership Plan  Plans for Children  Denplan Emergency

What is your Denplan registration number?

Mr  Mrs  Miss  Other  Male  Female  Date of birth

First name

Surname

House name or number

Address

Town or city

County  Postcode

Is this your permanent address? Yes  No

Home phone number  Work phone number

Email address

We may use this email address to advise you of confidential information regarding your insurance claim. If you would prefer not to be contacted in this way, please don't provide your email address.

Have you made any previous claims under this Supplementary Insurance/Denplan Emergency policy? Yes  No

### Treating dentist's details

To be completed by the treating dentist

Mr  Mrs  Dr  Miss  Ms  Other

First name

Surname

Practice name

Practice address

Town or city

Country  Area or postcode

Practice phone number

Please describe the dental problem and detail the temporary treatment given

## Claim for overseas emergency temporary dental treatment

To be completed by the patient (or parent/guardian of a patient under 16 years)

What was the date and time of your eligible treatment/consultation?         Time  :  AM  PM

How much are you claiming for overseas temporary emergency dental treatment? £

Please attach the relevant itemised receipts for eligible treatment together with an itemised list of treatment (if available) to this form. If permanent treatment provided/received then benefits for emergency UK dental treatment will be used for reimbursement. Please refer to section titled Benefit A in your handbook for these limits.

Do you require reimbursement for overseas telephone costs to the Denplan Helpline? Yes  No  Amount £

Number of calls

How have you paid the dentist? Full payment  Part payment  I have not paid

Did you contact the Denplan Emergency Helpline? Yes  No  Helpline referral reference number

What was the purpose of your overseas stay? Holiday  Business  Other

How many months are you away from the UK?  In order to claim under this benefit you need to be in the UK for more than 180 days of the year.

Have you seen your registered dentist within the last 6 months? Yes  No

Are you covered for this treatment by your travel insurance? Yes  No  If 'Yes' please give details of your travel insurance company below

Company name

Address

Policy number

Company phone number

## Patient's declaration

To be completed by the patient (or parent/guardian of a patient under 16 years)

I confirm that I am the patient (patient's parent or guardian if under 16 years of age) and I declare that all the information provided on this form is true and complete. I hereby authorise any dentist or person who has examined me/the patient to provide Denplan Ltd, or its representatives, with any information concerning the above matters to support this claim. I understand that Denplan Ltd, on behalf of the Insurers, reserves the right to appoint an examiner or make such other enquiries as it considers appropriate before agreeing any claim.

Patient (parent/guardian) name

Patient (parent/guardian) signature

Date

**Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK**  
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