Claim for overseas temporary emergency dental treatment

Supplementary Insurance/Denplan Emergency – Benefit E

Denplan
Part of Simplyhealth

If you've any questions please call call 0800 0850 960, or email DenplanClaimForms@simplyhealth.co.uk

Please send your completed form, within 60 days of the incident where reasonably possible, to us at Denplan, part of Simplyhealth, Hambleden House, Waterloo Court, Andover, SP10 1LQ.

Before completing this form please read the terms and conditions in 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.

Patient details

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

Patient registration number

Mr ○ Mrs ○ Miss ○ Other

Date of birth D D M M Y Y Y Y

First name

Surname

House name or number

Address

Town/City

Postcode

Is this your permanent address? Yes ○ No ○

Home phone number

Mobile phone number

Email address

We may use this email address to advise you of confidential information about your insurance claim. If you would prefer not to be contacted in this way, please leave this box blank.
If you would prefer to receive your regular Denplan membership correspondence by email, please tick ○

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

Overseas dentist's details

Mr ○ Mrs ○ Dr ○ Miss ○ Ms ○ Other

First name

Surname

Practice name

Practice address

Address (cont.)

Country

Practice phone number

Email address

Please describe the dental problem and detail the temporary treatment given

Please turn over

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? D D M M Y Y Y Y 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 insurance policy document for these limits.

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

Number of calls

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

How many weeks of the year are you away from the UK?

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

Postcode

Policy number

Company phone number

Payment details

To be completed by the patient. Please tick the box to indicate your preferred method of payment

Please ensure that you complete this section fully. We may return the claim form to you if this not completed.

Direct payment into the bank account we debit your monthly subscription from

Or, please make payment for this claim by:

Cheque payable to

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 D D M M Y Y Y Y