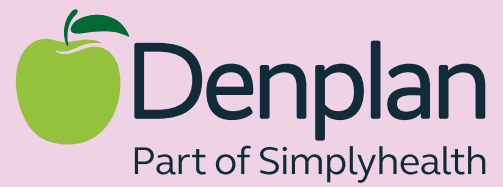


# Claim for temporary emergency dental treatment in the UK with a dentist who is not acting on behalf of your dentist



## Supplementary Insurance/Denplan Emergency – Benefit A

Denplan Care, Denplan Essentials, Denplan Membership and Denplan for Children patients are not entitled to reimbursement for temporary emergency treatment when within 40 miles of their registered practice.

Before completing this form please read the terms and conditions in your policy document. To help us settle your claim quickly please complete all sections and write clearly in BLOCK CAPITALS using black or blue ink.

Please be aware we may need your dental records to support your claim.

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

### Patient details

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

Registration number

Mr  Mrs  Miss  Other

Date of birth

First name

Surname

House name or number

Address

Town/City

Postcode

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 correspondence by email, please tick

### Treating dentist's details

If you are a patient claiming please provide as much information as possible

Registration facility number (e.g. 251403/a)

(Last character should be a letter)

Mr  Mrs  Dr  Miss  Ms  Other

First name

Surname

Practice name

Practice address

Town/City

Postcode

Practice phone number

Do you have a Denplan Contract with this patient? Yes  No

If 'No' are you connected\* with the patient's Denplan member dentist? Yes  No  (\*e.g. Partner, expense sharing colleague, associate, locum or part of the same rota)

### Details of temporary emergency treatment (excludes permanent)

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

What was the date and time of the treatment/consultation?

Time

AM

PM

Was this arranged through the Denplan Emergency Helpline? Yes  No

Helpline referral number (if you were provided with one)

What was the dental problem and what treatment did you receive?

Please turn over

## Treatment code

To be completed by the treating dentist - please see your Policy Document for full details  
Only complete if claiming payment for treatment

Quantity		Quantity	
1	Emergency examination/diagnosis and report to include all necessary smoothing, stoning and occlusal adjustments or fluoride varnish	9	Construction and fitting of temporary crown
2	X-rays	10a	Construction and fitting of temporary bridge/denture
3	Extraction of up to two teeth	10b	Provision of temporary post and core
4a	Root canal extirpation to include dressings and/or temporary fillings and necessary prescriptions (incisors/canines)	11	Arrest of abnormal haemorrhage including aftercare and associated suture removal
4b	As 4a - two canals	12	Removal of sutures placed by another practitioner
4c	As 4a - three or more canals	13	Repair/adjustment of orthodontic appliance
5	Treatment of dental infection to include any necessary prescriptions	14	Adjustment to denture
6a	Provision of temporary filling, first tooth	15	Repair of denture to include re-fixing of teeth and gums and repair of clasp
6b	Provision of temporary filling, additional teeth	16	Any other temporary treatment, please specify below (including fee)
6c	Provision of an incisor or canine composite filling		
7	Recement crown or inlay		
8	Recement bridge		

If claiming a **call-out fee** tick one box below (the fee payable will exclude the patient's liability). Please note that only one fee can be claimed in this section.

Was it necessary to re-open your surgery? Yes  No

30a Weekdays 6am-8am and 6pm-10pm  30b Weekends and Bank Holidays 6am-10pm  30c Nights 10pm-6am

30d Christmas Day  30e Boxing Day  30f New Year's Eve after 6pm  30g New Year's Day

30h Domiciliary visits up to two per year, payable within a practice's normal working hours (where available)

### Telephone consultation (where no attendance follows)

31a 6am-8am and 6pm-10pm weekdays, 6am-10pm weekends and bank holidays  31b Weekdays and weekends 10pm-6am

## Payment details

Dentist or patient to complete. Please tick the box to indicate your preferred method of payment

Has the dentist been paid? Full payment  Part payment  I have not paid

If the treatment has been paid in part or in full please attach fully itemised receipts and indicate how much you paid? Amount £

Who would you like us to pay? Patient  Dentist

Direct credit to the account details held under the dentist Denplan membership  /  (the last box should contain a letter)

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

Or

Cheque payable to

## Patient's declaration

To be completed by the patient (or parent/guardian of a patient under 16 years)  
If you are a dentist claiming a telephone consultation this section does not need to be completed

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

## Dentist's declaration

I declare that the information I have given on this form is correct.

Dentist's name  Dentist's signature (if no receipt attached by patient)  Date