

# Denplan for Schools 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 for Schools, Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ
- 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 us on 0800 214 357. Open Monday to Friday 9.00am to 5.00pm, or you can email us at Corporatedental@simplyhealth.co.uk

### 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
- ☐ the claim form must be signed by the policyholder/guardian and dentist
- ☐ used one claim form per person
- ☐ attached fully itemised receipt(s) showing proof of payment and a breakdown of the treatment

## Policy holder (parent/guardian) details Please use one claim form per person

Policy number (If known)

TitleFirst name

SurnameDate of birth

D

D

M

M

Y

Y

Y

Y

AddressPostcode

Phone numberEmail address

### Patient details

TitleFirst name

SurnameDate of birth

D

D

M

M

Y

Y

Y

Y

School/College Name:

## Payment

A direct credit will reach your account within 3 days of the full assessment of your claim.

By direct credit to

Policy holder

Patient

Dentist

Name(s) of account holder(s)

Bank sort codeBank account number

## Treating dentist details

Name of dentistPractice name

Practice addressPostcode

Practice phone numberDentist GDC No.

## Injury/emergency treatment details



Date of incident:

Date of treatment:

How did the incident occur?

Details of treatment:

Was the treatment overseas?

☐ Yes ☐ No

Cost:

### Call out fees

Date of call out:

Time of call out:

Cost:

### Hospital cash benefit

Date of admission:

Date of discharge:

### Mouth Cancer cover

Date of diagnosis:

Date treatment completed:

### Compensation for complete loss of permanent teeth, following an injury

How many teeth?

Which teeth? (please state)

### Incidental expenses

Please provide details of any sundry expenses you are claiming for (please attach all receipts-limit £30) e.g. transport cost to dentist.

Cost:

Total costs £

## Policyholder Declaration



I declare that I am the policyholder and that the patient is covered by my policy.

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 Statement** - Denplan processes personal data supplied in the strictest confidence, in accordance with the law in the United Kingdom and in particular data protection legislation. The main purpose for which we hold and use personal data is to enable us to service the contract that you have purchased and to administer your plan. Other purposes for which we use personal data are to improve our services to you and our other clients, to comply with legal obligations which we are subject to, to protect our interests and for fraud detection and prevention. You have the right; to see your personal data that we hold, to ask us to amend data that is incorrect, to delete data, or not use it in certain ways, to move, copy or transfer your personal data. We will agree to any reasonable request unless it means that we cannot service your policy. For a more detailed explanation of how we use your data please take the time to read our full privacy policy online at the bottom of our website.

Policyholder's signature

X

Date

## Dentist's Declaration



I declare that the injury (if applicable) sustained by this patient is consistent with direct extra oral impact and that the information given above is correct.

Print name

Dentist's signature

Date

Denplan Limited, Hambleden House, Waterloo Court, Andover, Hampshire, SP10 1LQ.  
Tel: 0800 214 357 Email: Corporatedental@simplyhealth.co.uk

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