

# 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, Simplyhealth House, 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 us on 0800 214 357. We're open Monday to Friday 9.00am to 5.00pm alternatively 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

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

Policy number

(If known)

Title  First name

Surname  Date of birth

Address

Postcode

Phone number  Email address

## Patient details

Title  First name

Surname  Date of birth

School/College Name:

## 2 Payment

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  Dentist

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  Dentist

## 3 Treating dentist details

Name of dentist  Practice name

Practice address

Postcode

Practice phone number  Dentist 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

**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.

 **How we use your information** – you will see this sign where we ask you to give personal information.

Denplan Limited is a member of the Simplyhealth Group. To set up and administer your policy Denplan Limited will hold and use information supplied by you and those people included in your application. By signing this form you confirm that you and all those included in your application consent to such use of your personal data. We may also disclose information about anyone included in your application when there is a legal requirement to do so, to people who provide a service to us on the understanding that they will keep the information confidential and in accordance with the Data Protection legislation, or in circumstances where it would help us to prevent fraud or improper claims.

Policyholder's signature

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**  
from



**Simplyhealth**  
Professionals

Denplan Ltd trading as Simplyhealth Professionals, Simplyhealth House, Victoria Road, Winchester, SO23 7RG, UK. Tel: +44 (0) 1962 828 000. Fax: +44 (0) 1962 840 846. Email: schools@denplan.co.uk

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