

Accident & Emergency Dental Protection Claim Form

For Claremont Bespoke, Practice Branded Dental Plans

Please refer to the Plan wording for full details of cover and conditions

- Please complete ALL relevant sections on ALL THREE PAGES of this claim form in BLOCK CAPITALS.
- Attach all relevant receipts and signatures.
- Forward to: Claremont Limited, West Park House, Stanway, Rushbury, Church Stretton SY6 7EF
- Should you have any queries please contact Claremont Limited at info@claremontlimited.co.uk or on 01584 514 003.
- Please note that the maximum limits do not represent the amount you should charge for treatment.

Eligible Beneficiary's Practice

I have carried out (or verified) the completion of the treatment as detailed below (please ensure a receipt is attached).

Practice Name	Authorised Signature & Date	Practice Stamp
Dentist's Name:		
Date of Treatment:		

Eligible Beneficiary's Details (The Patient)

I am a registered patient of the Dentist shown above and understand that the Treatment as detailed below has been carried out and claim repayment of fees paid by me.

Patients Title	Mr/Mrs/Miss/Ms	Date of Incident
Patients Name		Date of Birth
Patients Address (including Postcode)		Patients Signature & Date
Does the claimant hold dental insurance or any form of medical insurance? If yes		
Provider		Policy Number

Data Protection Act – information uses

For the purposes of the Data Protection Act 1998, the data controller in relation to any personal data you supply is IMF Trustees Limited UK and the International Medical Fund Trust (BVI (The Providers)

Plan Administration

Information you supply may be used for the purposes of The Plan administration by the Providers, its associated companies and agents. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the Provider's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. In assessing any claims made, the Provider or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other organisations either directly or via those acting for the Provider (such as investigators). With limited exceptions, and on payment of the appropriate fee, you may have the right to access and if necessary rectify information held about you.

Sensitive Data

In order to assess the terms of the contract or administer claims which arise, the Provider may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this claim you will signify your consent to such information being processed by the Provider or their agents.

Declaration

I/We understand the contents of the completed claim form and I/we declare that the information given is to the best of my/our knowledge and belief correct and complete I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the Provider's compliance with any regulatory rules/codes.

I/We consent to the information on this form and on any claim I/we may make being supplied to a data administration company so that it can be made available to other organisations. I/We also agree that, in response to any searches that may be made in connection with this application or any claim, such data administration company may supply information it has received from other organisations about other claims I/we have made.

I/We understand that information may be sought from other organisations to check the answers I/we have provided.

Section 1 – Emergency Treatment Benefits (Worldwide)

Treatment must be away at least 50 miles from the Eligible Beneficiary registered practice (and not undertaken by the Eligible Beneficiary's registered Dentist), other than for Emergency Call out fees.

Please include a receipt from the practice administering Treatment showing a breakdown of the Treatment given and cost.

In normal circumstances payment will be made to the Eligible Beneficiary (Patient) unless you indicate otherwise (e.g. the practice needs paying).

Tooth numbers must be given where applicable.

Treatment	Maximum limit	Number of units received	Tooth numbers	Date of Treatment	Cost
Examination & Report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	£48 per incident				£
Radiographic Examination	£32 per tooth				£
Fillings					
Amalgam – small (1 surface)	£44 per tooth				£
Amalgam – medium (2 surfaces)	£60 per tooth				£
Amalgam – large (3+ surfaces)	£75 per tooth				£
Composite – small (1 surface)	£102 per tooth				£
Composite – medium (2 surfaces)	£102 per tooth				£
Composite – large (3+ surfaces)	£102 per tooth				£
Extractions					
first tooth	£86				£
per additional tooth	£25 per tooth				£
surgical extraction	£200 per tooth				£
Root extirpation to include dressing and any associated treatment of acute infection					
1 canal	£102 per tooth				£
2 canals	£53.50 per tooth				£
3 or more canals	£70 per tooth				£
Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treating infected sockets	£38 per incident				£
Investigation and dressing					
first tooth	£43				£
per additional tooth	£24				£
Re-cement crown or inlay	£46 per unit				£
Temporary post and core	£82 per tooth				
Re-cement bridge	£56 per unit				£
Construction and fitting of Temporary Crown	£100 per unit				£
Temporary bridge	£180 per unit				£
Implant repair or replacement	£1000 per post and crown				£
Arrest of abnormal haemorrhage including aftercare and associated suture removal	£75 per incident				£
Removal of sutures placed by another practitioner	£31 per incident				£
Adjustment to denture	£34 per incident				£
Repair of denture	£53 per incident				£
Repair/adjust orthodontic appliance	£60 per appliance				£
Any other emergency treatment not otherwise specified	£75 per incident				£
Evening, weekend and Bank Holiday call-out fees where treatment outside the treating Dentist's normal surgery hours	£135 per incident				£

Description of Treatment:

Location of Treatment:

Time & Date of Emergency Call-out (if applicable):

Section 2 – Accident Treatment Benefits

For Treatment undertaken at the Eligible Beneficiary's Dental Practice. Refer any cases over £1,000 to Claremont Limited prior to Treatment.

Payment will be made to either the Eligible Beneficiary's nominated bank account or the Dental Practice.

Tooth numbers must be given where applicable.

Treatment	Maximum limit	Number of units received	Tooth numbers	Date of Treatment	Cost
Crown – porcelain jacket	£430 per unit				£
Crown – ceramic bonded	£500 per unit				£
Crown – porcelain bonded	£455 per crown				£
Crown – dentine bonded	£500 per crown				£
Lab made post/core construction	£108 per tooth				£
Zirconia bridge	£540 per unit				£
Zirconia crown	£540 per unit				£
Metal bonded porcelain crown	£470 per unit				£
Porcelain veneer	£425 per unit				£
Bonded metal/porcelain bridge	£470 per retainer £435 per pontic				£
Full metal crown	£450 per unit				£
All metal bridge work	£330 per retainer £330 per pontic				£
Implant repair or replacement	£1,000 per post and crown				
Laboratory constructed adhesive bridge	£285 per retainer £300 per pontic				£
Laboratory constructed adhesive facing / veneer	£445 per unit				£
Permanent denture acrylic	£500 per denture				£
Permanent denture metal	£775 per denture				£
Permanent partial acrylic	£250 per denture				£
Addition to a denture	£89 per tooth				£
Temporary denture following tooth loss	£305 per incident				£
Laboratory made temporary bridge following tooth loss	£183 up to 3 units				£
Per additional units	£61				£
Root canal treatment incisor	£318 per unit				£
Root canal treatment canine	£318 per unit				£
Root canal treatment premolar	£318 per unit				£
Root canal treatment molar	£500 per unit				£
Emergency & other treatment not specified	£615 per incident				£

Description of Accident / Injury:

Section 3 - Hospital Benefit

Please enclose a hospital discharge form confirming both the dates of admission and discharge.

In normal circumstances payment will be made to the Eligible Beneficiary (Patient).

Description of Treatment:

Location of Hospital:

From (Date & Time):

To (Date & Time):

Section 4 – Oral Cancer Benefit

Please enclose the full diagnosis from the Specialist.

In normal circumstances payment will be made to the Eligible Beneficiary (Patient).

Diagnosis:

Location of Hospital / Specialist:

Date of Diagnosis:

Section 5 –Payment is made by Bacs. Cheques are not used in the settlement of Claims

Please pay: Tick as appropriate Treating Dentist or Patient

Beneficiary's Bank Details: Account Name:

Sort Code Account Number

This Dental Protection Plan is provided by IMF Trustees Limited UK and The International Fund Trust (BVI)