

Accident & Emergency Dental Insurance Claim Form

For Claremont Practice Membership Services

Please refer to the Policy 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: DENIS UK Limited, PO Box 6833, Basingstoke, RG24 4PR.
- Should you have any queries please call DENIS UK Limited on 0800 633 5037.
- Please note that the maximum limits do not represent the amount you should charge for treatment.

Policyholder Details (The 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	Policy No. (if known):	
Date of Treatment :		

Insured Person 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 (inc Postcode)		Patients Signature & Date
Does the claimant hold dental insurance or any form of medical insurance with any other provider? 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 MS Amlin Underwriting Limited.

Insurance Administration

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents. It may be disclosed to the Financial Conduct Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer 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 insurers either directly or via those acting for the insurer (such as loss adjusters or 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 insurance contract or administer claims which arise, the insurer 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 insurer 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 the Financial Conduct Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurer'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 insurers. 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 insurers about other claims I/we have made.

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

Section 1 – Emergency Treatment Benefits (Worldwide)

Treatment must be away at least 50 miles from the Policyholder's registered practice (and not undertaken by the Insured Person'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 Insured Person (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	£30 per incident				£
Radiographic Examination	£20 per tooth				£
Fillings					
Amalgam – small (1 surface)	£40 per tooth				£
Amalgam – medium (2 surfaces)	£60 per tooth				£
Amalgam – large (3+ surfaces)	£75 per tooth				£
Composite – small (1 surface)	£65 per tooth				£
Composite – medium (2 surfaces)	£80 per tooth				£
Composite – large (3+ surfaces)	£95 per tooth				£
Extractions					
first tooth	£50				£
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	£45 per tooth				£
2 canals	£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	£25 per incident				£
Investigation and dressing					
first tooth	£25				£
per additional tooth	£10				£
Re-cement crown or inlay	£25 per unit				£
Re-cement bridge	£35 per unit				£
Construction and fitting of Temporary Crown	£40 per unit				£
Temporary bridge	£75 per unit				£
Arrest of abnormal haemorrhage including aftercare and associated suture removal	£75 per incident				£
Removal of sutures placed by another practitioner	£15 per incident				£
Adjustment to denture	£20 per incident				£
Repair of denture	£40 per incident				£
Any other emergency treatment not otherwise specified	£45 per incident				£
Evening, weekend and Bank Holiday call-out fees where treatment outside the treating Dentist's normal surgery hours	£110 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 Policyholders practice. Refer any cases over £1,000 to DENIS UK Limited prior to Treatment. In normal circumstances payment will be made to the Policyholder (Practice).

Tooth numbers must be given where applicable.

Treatment	Maximum limit	Number of units received	Tooth numbers	Date of Treatment	Cost
Crown – porcelain jacket	£320 per unit				£
Crown – ceramic bonded	£390 per unit				£
Metal bonded porcelain crown	£440 per unit				£
Bonded metal/porcelain bridge	£390 per retainer £255 per pontic				£
Full metal crown	£320 per unit				£
All metal bridge work	£285 per retainer £165 per pontic				£
Laboratory constructed adhesive bridge	£285 per retainer £165 per pontic				£
Laboratory constructed adhesive facing / veneer	£300 per unit				£
Permanent denture acrylic	£365 per denture				£
Permanent denture metal	£490 per denture				£
Temporary denture following tooth loss	£165 per incident				£
Laboratory made temporary bridge following tooth loss	£100 up to 3 units				£
Root canal treatment incisor	£115 per unit				£
Root canal treatment canine	£115 per unit				£
Root canal treatment premolar	£150 per unit				£
Root canal treatment molar	£500 per unit				£
Emergency & other treatment not specified	£350 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 Insured Person (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 Insured Person (Patient).

Diagnosis :

Location of Hospital / Specialist :

Date of Diagnosis :

Section 5 – Practice BACS Payment Details

Bank name & address:

Bank account number:

Sort code:

This insurance Policy is underwritten by Lloyd's Syndicate No 2001 at Lloyds, London, on behalf of MS Amlin Underwriting Limited, The Leadenhall Building, 122 Leadenhall Street, London, EC3V 4AG. MS Amlin Underwriting is listed on the Lloyd's Register of Underwriting Agents, reference number 01901D. MS Amlin Underwriting Limited is authorised and regulated by the UK Financial Conduct Authority