

# Dental claim form



Please ensure that you complete this form fully and return it to us. The last page of this claim form includes a declaration which you are required to read and sign. Failure to do so may cause delays in the processing of your claim.

When you have completed the form please send it to: Bupa Dental, Anchorage Quay, Salford Quays, M50 3XL. If you need to speak to someone regarding your claim, please call the Bupa Dental helpline.

## Please read the following before you complete the form:

- all claims must include an original itemised dated receipt
- only treatment itemised on this claim form can be claimed for subject to the rules of the scheme
- please quote your membership number on all correspondence
- all claims are paid in sterling
- claims need to be submitted within six months of treatment unless that was not reasonably possible

## PLEASE USE BLOCK CAPITALS TO COMPLETE THE FORM

### Main member details

Your Bupa membership number

Mr / Mrs / Miss / Ms / Other (please circle or list title if other)

First name(s)

Surname

Address

Postcode

Date of birth

D D M M Y Y

Telephone number - daytime

Telephone number - evening

Mobile telephone number

Email address

### Fast track claims

If you have no objection, in an effort to promote speedier and more customer friendly claims handling, we may find it easier to telephone and/or email you during the course of our normal working hours to discuss your claim and/or request further details.

If you do not wish to be contacted by either of these methods then please tick this box.

### Claimant's personal details (If the claimant is not the main member)

This section should be completed by the person undergoing treatment if they are not the main member, or a parent/guardian if the patient is under 16.

Mr / Mrs / Miss / Ms / Other (please circle or list title if other)

First name(s)

Surname

Please tick appropriate box and add details below if the patient receiving treatment is a partner or dependant covered on your policy.

Partner  Child/Dependant

Date of birth

D D M M Y Y

Male  Female

## Payment details

You can receive payments for claim settlement direct to your chosen bank or building society account, helping to make settling your claim safer and more timely. This simply means that instead of posting a cheque to you we can automatically pay your claim by BACS (Bank Automated Clearing System). BACS normally enables a cleared payment to reach your Bank account three working days after Bupa has processed the claim for payment. Payments into a Building Society account may take a day longer. Written advice of payment will be posted to you.

Please let us know if you would like to receive payment via BACS or cheque.

Cheque  BACS

If you have opted for payment by BACS please provide the following details.

Account holder name

Account number

Sort code

Please be aware that the quickest method of receiving funds is by BACS payment as these are normally received within three working days of the claim being finalised. We are able to pay by cheque but this may cause delays in you receiving reimbursement of eligible claims.

As the main member under the scheme, I hereby authorise Bupa to direct payment to the bank account specified above.

Signature

Date

D

D

M

M

Y

Y

## NHS treatment details

If the treatment has been received under the NHS please complete the box below.

NHS Banding	Treatment band given (please tick)	Patient Charges
Band 1		£
Band 2		£
Band 3		£
<b>Total treatment cost</b>		<b>£</b>

## Treatment details

Please tick to indicate the type of treatment received and whether it was for routine and/or preventative reasons or injury/emergency.

If you are unclear about what treatment you have received you should check with your dentist. Incorrect, incomplete or inaccurate information could lead to delays in the claims process.

		Routine and restorative treatment	Emergency dental treatment	Dental injury	Treatment date(s)	Total charge
DA001	Examination					
DA002	Examination (new patient)					
DA004	Small X-ray					
DA005	Medium X-ray (per film)					
DA006	Panoral X-ray					
DA023	Fissure sealants					
DA017	Topical fluoride solution					
DA007	Simple scale and polish					
DA012	Chronic periodontal - 1 to 4 teeth					
DA013	Chronic periodontal - 5 to 9 teeth					
DA014	Chronic periodontal - 10 to 16 teeth					
DA015	Chronic periodontal - 17 or more teeth					
DB001	Amalgam - 1 surface					

## Treatment details (continued)

Please tick to indicate the type of treatment received and whether it was for routine and/or preventative reasons or injury/emergency. If you are unclear about what treatment you have received you should check with your dentist. Incorrect, incomplete or inaccurate information could lead to delays in the claims process.

		Routine and restorative treatment	Emergency dental treatment	Dental injury	Treatment date(s)	Total charge
DB002	Amalgam - 2 surfaces					£
DB003	Amalgam - 3 or more surfaces					£
DB004	Composite anterior - 1 surface					£
DB005	Composite anterior - 2 surfaces or more					£
DB028	Composite posterior - 1 surface					£
DB029	Composite posterior - 2 surfaces or more					£
DB007	Root canal - single root					£
DB008	Root canal - 2 roots					£
DB009	Root canal - multiple roots					£
DC036	Dental implant (implants and abutment)					£
DB011	Extraction (per tooth)					£
DB013	Surgical extraction (flap raised)					£
DB015	Apicectomy					£
DB017	Incising of abscess					£
DC013	Inlay (per tooth)					£
DC001	Acrylic partial upper or lower denture					£
DC002	Acrylic partial upper and lower denture					£
DC003	Acrylic full upper or lower denture					£
DC004	Acrylic full upper and lower denture					£
DC005	Metal partial upper or lower denture					£
DC006	Metal partial upper and lower denture					£
DC009	Denture - addition of tooth					£
DC011	Repair denture					£
DC012	Veneer (per tooth)					£
DC013	Inlay/onlay (per tooth)					£
DC017	Adhesive bridge					£
DC018	Bridge (per unit)					£
DC019	Porcelain crown					£
DC020	Full gold crown					£
DC021	Porcelain bonded to metal crown					£
DC022	Cast post and core					£
DC023	Prefabricated post and core					£
DC025	Reline denture					£
DC030	Refix or re-cement existing crown					£
DC031	Re-cement adhesive bridge					£
DC032	Re-cement any other bridge					£
DB020	Occlusal splint (mouth guards)					£
DB021	Anaesthetist (per year max)					£
DB036	Orthodontic					£
<b>Total Claim Value</b>						<b>£</b>

## Treating dentist

Is your dentist part of the Bupa Dental Plus Network?  
(please tick) Yes  No

If your dentist is part of the Bupa Dental Plus Network please asked them to provide their provider number.

Dentist's provider number

Name of dentist

Name of practice

Address

Postcode

## Dental injury details (member to complete)

If the treatment received was a result of a dental injury, please provide full details of the cause and circumstances of the dental injury below. This section needs to be completed by the parent/guardian if the claimant is under 16.

## Oral cancer details

If you have been diagnosed with oral cancer and require more information in relation to treatment that is available then please call us on **0800 0121 271\*** and we will be happy to assist you.

## Bupa privacy notice

**Confidentiality:** The confidentiality of patient and member information is of paramount concern to the companies in the Bupa Group. To this end, we comply with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside of the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security, in addition to the obligations imposed by the Data.

**Medical information:** Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care.

**Audit of medical and billing information:** When we process claims or investigate complaints on your behalf, Bupa may request and obtain further details from your treatment provider. The information may be sought either at the time of processing or subsequently, for the purposes of ensuring the accuracy of information and the quality of treatment and care. You confirm that you consent to Bupa obtaining medical and billing information from your treatment provider relating to claims or complaints you may make.

**Member details:** All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the main member. Your membership and contact details may be shared by the companies in the Bupa Group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Depending on how your cover or policy has been funded or introduced, Bupa may share information with your employer and or an appointed intermediary, solely for scheme administration purposes. Bupa does not make the names, addresses and other contact details of our members available to any other organisations to use for their own purposes.

**Telephone calls:** In the interest of continuously improving our services to members, calls may be recorded and may be monitored.

**Research:** Anonymised or aggregated data may be used by us, or disclosed to others, for research or statistical purposes.

**Fraud:** Information may be disclosed to others with a view to detecting and/or preventing fraudulent or improper claims.

**Keeping you informed:** The Bupa Group would, on occasion, like to keep you informed of the Bupa Group's products and services that we consider may be of interest to you. If you do not wish to receive information about our products and services, or have any other Data Protection queries, please write to: Bupa UK Information Governance Team, 4 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3DZ or contact us via email at: [DataProtection@bupa.com](mailto:DataProtection@bupa.com)

## Claimant declaration

**Please read the following carefully before signing the declaration.**  
Prior to returning the claim form please study the membership guide and read the terms and conditions as they relate to your claim. Please note that we are not responsible for the costs of obtaining documentation in support of the claim. The information on this form will be used by us to deal with any claim. Insurers share information to prevent fraud.

**Declaration**

I/We consent that Bupa Dental may contact my dentist to obtain clinical records from my dentist that can be used to support this claim.

I/We declare that the information contained within this claim is true and correct to the best of my/our knowledge and belief.

I/We have not withheld any information from Bupa Dental Insurers within my/our knowledge connected with this claim.

Signature  Date 

D	D	M	M	Y	Y
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\*Calls may be recorded and may be monitored.  
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