

How to make a claim



1

Visit the dentist and pay for your treatment as usual

2

Register or login at www.denplan.co.uk/employeeonline
Submit your claim and upload a copy of your treatment receipt.*

3

Track your claim online and wait for money to be reimbursed directly to your bank account

It's as easy as that!



If you have any questions, contact us:
In the UK: 01962 828007
Outside the UK: +44 1962 828 007
Email: corporate@denplan.co.uk

Visit any dentist, anywhere in the world.

Claims are processed within 5 working days of receipt



Denplan

At the heart of dental care

*We accept a scan or photograph of your receipt. Please ensure that the document is clear, itemised and readable. If you prefer not to submit your claim online, please contact us to obtain a claim form.

Frequently asked questions



What cover am I entitled to?

To find out what you are covered for, how much you can claim and benefits remaining visit our online services at www.denplan.co.uk/employeeonline Full details of exclusions and terms that apply to your policy can be accessed at any time using our online services.

Do I need to change my dentist when I join Denplan?

No, you can see any dentist; there is no need to change your dentist when you join. We do have a network of dentists that offer discounts to our corporate patients so if you are looking for a new dentist, this is a great place to start. The Discount Network can also be accessed through our online services.

How can I see how much I have left to claim?

You can view this information for yourself or anyone covered on your policy at any time by logging into your online account. The amounts shown will reflect any claims that we have already assessed.

What is the difference between a pre-existing condition and pre-prescribed treatment?

A pre-existing condition would be anything that you or someone on your policy has already received dental treatment for. For instance a tooth that has already been filled; if the filling failed and needed replacing while your policy is in effect, then this would be claimable. Pre-prescribed treatment is any treatment or any course of treatment that is already planned or in progress on your policy start date or that you already know will be needed or have discussed with your dentist on your policy start date. For instance; if your dentist has told you that a tooth will need filling before you join Denplan, this would not be claimable.

When can I start claiming?

There is no waiting period to claim, except for the mouth cancer benefit which cannot be claimed in the first 90 days of your policy. You can start making use of your benefits from your policy start date. We cover pre-existing conditions, but not pre-prescribed treatment.

What does 100% NHS reimbursement mean?

The NHS has fixed prices for treatment. If you receive treatment from an NHS dentist at one of these fixed prices, you are eligible to claim 100% of the costs back from Denplan. If you have selected a plan that only covers NHS charges and you do have private treatment, you are eligible to claim back the amount that your treatment would have cost if you had paid for NHS treatment.

Am I covered for cosmetic treatment?

No, your policy only covers you for clinically necessary dental treatment. Examples of cosmetic treatment include tooth whitening, orthodontic treatment where your orthodontic grading on the IOTN scale is 1 – 3 or placement of veneers to improve the appearance of your teeth.

What is a dental injury?

A dental injury as defined by your policy terms and conditions is an external blow to the face or mouth. It does not include any damage done to teeth whilst chewing or biting.

What is a dental emergency?

A dental emergency is a visit to the dentist which has not been planned in advance that is needed to relieve dental pain.

