

# Claim for out of hours dental emergency or telephone consultation

## Supplementary Insurance/Denplan Emergency – Benefit C

This form is to be used when the dentist's surgery has to re-open to treat a patient outside the practice's normal working hours (within specified times) or for a telephone consultation. Before completing this form please read the terms and conditions in your policy document. To help us settle your claim quickly please complete all sections and write clearly in BLOCK CAPITALS using black or blue ink.

Office use only. Claim reference number.

If you've any questions please call a member of our Insurance team free from a UK landline 0800 085 0960.

Please send your completed form, within 60 days of the incident where reasonably possible, to us at Insurance Department, Denplan Limited, Denplan Court, Victoria Road, Winchester, Hampshire, SO23 7RG.

### Patient details

To be completed by the patient (or parent/guardian of a patient under 16 years)

Patient Denplan registration number

Mr  Mrs  Miss  Other

Date of birth

First name

Surname

House name or number

Address

Town or city

County

Postcode

Is this your permanent address? Yes  No

Home phone number

Work phone number

Email address

We may use this email address to advise you of confidential information about your insurance claim. If you would prefer not to be contacted in this way, please leave this box blank. If you would prefer to receive your regular Denplan membership correspondence by email, please tick

Have you made any previous claims under this Supplementary Insurance/Denplan Emergency policy? Yes  No

Please be aware we may need your dental records to support your claim.

### Treating dentist's details

If the dental practice are unavailable to complete this section, please add in as much information as you know

Dentist's Denplan membership number (e.g. 251403/a)

(Last character should be a letter)

GDC number (if not a Denplan member)

Mr  Mrs  Dr  Miss  Ms  Other

First name

Surname

Practice name

Practice address

Town or city

County

Postcode

Practice phone number

Do you have a Denplan Care Contract with this patient? Yes  No

If 'No' are you connected\* with the patient's Denplan dentist? Yes  No

\*e.g. Partner, expense sharing colleague, associate, locum or part of the same rota.

### Claim for emergency call-out

To be completed by the patient (or parent/guardian of a patient under 16 years)

What was the date and time of your treatment/consultation?

Time

AM

PM

Was this arranged through the Denplan Emergency Helpline? Yes  No

If 'No' at what time did you contact the surgery?

AM

PM

What was your dental problem and what treatment did you receive?

## Treatment code

To be completed by the treating dentist – please see your Policy Document for full details  
Please tick relevant treatment code box(es)

If claiming a **call-out fee** tick one box below (the fee payable will exclude the patient's liability).  
Please note that only one fee can be claimed in this section.

Was it necessary to re-open your surgery? Yes  No

### Call out fee

- 30a** Weekdays 6am-8am and 6pm-10pm  **30b** Weekends and Bank Holidays 6am-10pm  **30c** Nights 10pm-6am  
 **30d** Christmas Day  **30e** Boxing Day  **30f** New Year's Eve after 6pm  **30g** New Year's Day  
 **30h** Domiciliary visits up to two per year, payable within a practice's normal working hours (where available)

### Telephone consultation (where no attendance follows)

- 31a** 6am-8am and 6pm-10pm weekdays, 6am-10pm weekends and bank holidays  **31b** Weekdays and weekends 10pm-6am

## Payment details

Dentist or patient to complete. Please tick the box to indicate your preferred method of payment

Please ensure that you complete this section fully.

Has the dentist been paid? Full payment  Part payment  I have not paid

If the treatment has been paid in part or in full please attach fully itemised receipts and indicate how much you paid? Amount £

Who would you like us to pay?  Patient  Dentist

Direct credit to the account details held under the dentist Denplan membership  /  (the last box should contain a letter)

Direct credit to the account details held under the patient registration number

Or

Cheque payable to

## Patient's declaration

If you're a dentist claiming a telephone consultation this does not need to be completed

I confirm that I am the patient (patient's parent or guardian if under 16 years of age) and I declare that all the information provided on this form is true and complete. I hereby authorise any dentist or person who has examined me/the patient to provide Denplan Ltd, or its representatives, with any information concerning the above matters to support this claim. I understand that Denplan Ltd, on behalf of the Insurers, reserves the right to appoint an examiner or make such other enquiries as it considers appropriate before agreeing any claim.

Patient (parent/guardian) name

Patient (parent/guardian) signature

Date

## Dentist's declaration

I declare that the information I have given on this form is correct.

Dentist's name

Dentist's signature (if no receipt attached)

Date

