

# Claim for overseas temporary emergency dental treatment

## Supplementary Insurance/Denplan Emergency – Benefit E

Before completing this form please read the terms and conditions in your policy document. To help us settle your claim quickly please answer all questions as accurately as you can and write clearly in BLOCK CAPITALS using black or blue ink.

Please make reasonable efforts to ask your consultant or dentist to complete the information required concerning any treatment and advice that you've received. If there is any difficulty in doing this, do not delay in returning the form to us.

Office use only. Claim reference number.

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

INS07 / 02-14

### 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

### Overseas dentist's details

Mr  Mrs  Dr  Miss  Ms  Other

First name  Surname

Practice name

Practice address

Town or city

Country  Area or postcode

Practice phone number

Please describe the dental problem and detail the temporary treatment given

## Claim for overseas emergency temporary dental treatment

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

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

 D  D  M  M  Y  Y  Y  Y

Time

 : 

AM

 PM 

How much are you claiming for overseas temporary emergency dental treatment? £

Please attach the relevant itemised receipts for eligible treatment together with an itemised list of treatment (if available) to this form. If permanent treatment provided/received then benefits for emergency UK dental treatment will be used for reimbursement. Please refer to section titled Benefit A in your handbook for these limits.

Do you require reimbursement for overseas telephone costs to the Denplan Helpline? Yes  No

Amount

£

Number of calls

What was the purpose of your overseas stay? Holiday  Business  Other

How many weeks of the year are you away from the UK?

In order to claim under this benefit you need to be in the UK for more than 180 days in the previous 365 days.

Have you seen your registered dentist within the last 6 months? Yes  No

Are you covered for this treatment by your travel insurance? Yes  No

If 'Yes' please give details of your travel insurance company below

Company name

Address

Postcode

Policy number

Company phone number

## Payment details

To be completed by the patient. Please tick the box to indicate your preferred method of payment

Please ensure that you complete this section fully. We may return the claim form to you if this not completed.

Direct credit to the account details held under the Denplan registration number stated overleaf.

Or, please make payment for this claim by:

Cheque payable to

## Patient's declaration

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

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

 D  D  M  M  Y  Y  Y  Y

Denplan Limited, Denplan Court, Victoria Road, Winchester, SO23 7RG, UK.

Tel: 0800 0850 960. Fax: 01962 849932. Email: insurance@denplan.co.uk

Part of Simplyhealth, Denplan Ltd is an Appointed Representative of Simplyhealth Access for arranging and administering dental insurance. Simplyhealth Access is incorporated in England and Wales, registered no. 183035 and is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Denplan Ltd is regulated by the Jersey Financial Services Commission for General Insurance Mediation Business. Denplan Ltd only arranges insurance underwritten by Simplyhealth Access. Premiums received by Denplan Ltd are held by us as an agent of the insurer. Denplan Ltd is registered in England No. 1981238. The registered offices for these companies is Hambleden House, Waterloo Court, Andover, Hampshire SP10 1LQ.



# Denplan

At the heart of dental care