

Dental claim form



Please send this completed claim form with copies of your receipts to: **Bupa Dental, Bupa Place, 102 The Quays, Salford M50 3SP**. Alternatively, you can submit your claim online at www.bupa.co.uk/dental/finance-and-insurance/make-claim

Please note that you will only be reimbursed up to the maximum annual and individual limits specified on your Membership Certificate and in your Membership Guide. We recommend that you check your limits before undertaking any treatment as you will be liable for any costs that exceed this. If you have any questions regarding your claim, please call us on the Bupa Dental helpline **0800 237 777***.

Please ensure that all relevant sections have been completed and the declaration has been signed. This will help us deal with your claim as quickly as possible. You also need to send us a **fully itemised receipt** for your dental treatment, showing the name of the person who received the treatment, the name of your dentist, and the date and type of treatment received. Providing we have all the information we need from you, you can expect your claim to be processed within seven to ten days.

Contacting you in relation to your claim

We may contact you regarding your claim by text and/or email to keep you updated and ask questions, so we can settle your claim as quickly as possible. Written advice of payment will be posted to you.

If you **DO NOT** wish to be contacted by either of these methods then please tick this box.

Please use block capitals to complete this form

A. Main member details

To see how we use your information, please read our privacy notice bupa.co.uk/privacy

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	Y	Y
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Telephone number – daytime

Telephone number – evening

Mobile telephone number

Email address

*The customer service helpline is open 8.00am to 6.00pm Monday to Friday and 8.00am to 1.00pm Saturdays. We are closed public holidays. We may record or monitor our calls.

B. Claimant's personal details (if different to the main member)

The patient receiving the treatment must be named on your membership certificate.

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

First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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C. Treating dentist

Is your dentist part of the Bupa Dental Insurance Network?

Yes

No

Don't know

Dentist's phone number

Name of dentist

Name of practice

Address

Postcode

D. Emergency and injury treatment

Please indicate whether you are claiming for a dental injury or emergency dental treatment.

Dental injury

Was the injury a result of participating in a physical contact sport?

Yes

No

Emergency dental treatment

Was the emergency dental treatment urgently required in order to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health?

Yes

No

Date of injury/emergency

D	D	M	M	Y	Y	Y	Y
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Amount paid £

Please provide full details of the injury/emergency and the treatment completed you are claiming for including a fully itemised receipt (please continue on another sheet if required).

E. Routine and restorative dental treatment

Complete this section if you are claiming for routine dental treatment. Please tick to indicate the type of treatment received and whether it was completed via an NHS or a Private Dentist, provide treatment date(s) and also the amount to be claimed against each box ticked. You can find this information on the invoice you received from your dentist.

Type of treatment	Private	NHS	Treatment date(s)	Amount claimed
Routine examination				£
New patient/specialist examination				£
Small X-ray (bitewing)				£
Small X-ray (intra-oral)				£
Other X-rays (panoral or OPG)				£
Simple scale and polish				£
Silver/amalgam fillings (one surface)				£
Silver/amalgam fillings (two surfaces)				£
Silver/amalgam fillings (three surfaces)				£
White filling anterior (one surface)				£
White filling anterior (two surfaces or more)				£
White filling posterior (one surface)				£
White filling posterior (two surfaces or more)				£
Simple extraction				£
Surgical extraction with bone fragment				£
Apicectomy				£
Incising an abscess				£
Root canal – upper or lower anterior				£
Root canal – upper pre molar				£
Root canal – lower pre molar				£
Inlay/onlay				£
Veneer				£
Full gold crown				£
Porcelain crown				£
Bonded crown				£
Bridge				£
Adhesive bridge				£
Post and core gold				£
Post and core standard				£
Refix or re-cement existing crown				£
Re-cement adhesive bridge				£
Re-cement any other bridge				£
Chronic periodontal (1 to 4 teeth)				£
Chronic periodontal (5 to 9 teeth)				£
Chronic periodontal (10 to 16 teeth)				£
Chronic periodontal (17 or more teeth)				£
Partial upper or lower acrylic dentures				£
Partial upper and lower acrylic dentures				£
Partial upper or lower metal dentures				£
Partial upper and lower metal dentures				£
Full upper or lower acrylic dentures				£

E. Routine and restorative dental treatment (continued)

Type of treatment	Private	NHS	Treatment date(s)	Amount claimed
Full upper and lower acrylic dentures				£
Reline denture				£
Denture repair				£
Denture addition of tooth				£
Implant and abutment				£
Anaesthetist fees (sedation)				£
Fissure sealants				£
Topical fluoride solution				£
Mouthguards (sports mouthguards are not covered)				£
Orthodontics (Grade 4/5 IOTN Scale)				£
Hospital cash benefit				£
			Total Claim Value	£

F. Payment details

Please provide your bank account details so we can pay your claim via BACS. 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.

Account holder name

Bank/building society name

Account number

Sort code - -

If you do not provide us with bank account details we will settle your claim by cheque, this may cause delays in you receiving reimbursement of covered claims.

G. Claimant declaration

Please read the following carefully before signing the declaration.

Before sending us your claim form please check the terms and conditions in the membership guide as they relate to your claim. The information on this form will be used by us to deal with any claim. In order to detect, prevent and help with the prosecution of financial crime, we may share information with fraud prevention or law enforcement agencies, and other organisations. If we suspect fraudulent activity we may inform the person or organisation who administers or funds your Bupa services. Please note that we are not responsible for the costs of obtaining documentation in support of the claim.

Declaration

I consent that Bupa Insurance Services Limited may contact my dentist to obtain clinical records from my dentist that can be used to support this claim.

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

I hereby authorise Bupa to direct payment to the bank account specified above.

I have not withheld any relevant information from Bupa Insurance Services Limited within my knowledge connected with this claim.

Signature

Date

Checklist

Please ensure your receipt(s) detail the following:

- Have you attached your receipt?
 - full itemised receipt(s) from your dentist
 - the full name of the person who received the treatment
 - the date and type of treatment
 - the name of the dentist.
 - Have you completed the following sections?
 - A 'Main member details'
 - B 'Claimant's personal details'
 - E 'Routine and restorative dental treatment'
 - signed and dated section G 'Claimant declaration'.
 - If applicable, you may also need to complete:
 - section D 'Emergency and injury treatment' (you may need to attach an extra page if you run out of space)
 - section F 'Payment details'.
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Privacy notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. A brief version of the notice can be found in your membership guide or the full version is online at [bupa.co.uk/privacy](https://www.bupa.co.uk/privacy)
