

Emergency dental treatment Claim form

Before you begin

Please complete this form using BLOCK CAPITALS and BLACK INK

You should complete this form if you are claiming for emergency dental treatment. If you are claiming payments for any other dental treatment, dental injury, or hospital cash benefit please call the member helpline to request a copy of the correct form.

Please ensure that you complete it fully and return it to us. The fourth page of this claim form includes a declaration which you are required to read, sign and date in the box provided. If you don't sign and date the form, we may delay processing your claim.

The section overleaf details the documents which we need to deal with your claim and some notes which we would ask you to read carefully when completing the form. If you need to speak to someone regarding your claim, please refer to the phone number on your latest membership certificate.

Please read the following before you complete the form:

- your dentist or an authorised member of the dental practice must complete the dental treatment details and dentist's declaration. We will not refund any charges they may apply for this service
- you must include a copy of the original dated receipt and where possible an invoice which contains details of the treatment. We will be unable to process your claim without this information. You should keep your original receipts in a safe place
- you can only claim for treatments that are itemised on this claim form and the treatments you claim for must be covered under 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.

Where to send your completed form

Bupa Dental, Anchorage Quay, Salford Quays M50 3XL



Main member details

Please tell us about the main member here.

Bupa membership number

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

First name(s)

Surname

Address

Postcode

Date of birth

Daytime telephone number

Evening telephone number

Mobile telephone number

Email address

Patient's personal details (If the patient is not the main member)

This section should be completed by the patient 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 the appropriate box below to show whether the patient is a partner or dependant of the main member.

Partner Child/dependant

Are they male or female? Male Female

Date of birth

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

Dental treatment details

This section should be completed by your dentist or an authorised member of the dental practice.

Please state the reason for the emergency below. Please include full details as to why this was treated as an emergency.

Emergency dental treatment	Number of treatments or teeth	Treatment date(s)	Total patient's charge
Examinations			
X-rays			
Extractions			
Root canal			
Initial relief treatment of dental or gingival infection			
Prescription charge for or related to emergency dental treatment			
Temporary filling or provision of permanent filling, if a temporary filling is not required			
Construction of temporary crown/bridge/veneer			
Recement of crown/inlay/bridge/veneer			
Temporary post and core			
Repair or replacement of orthodontic appliance			
Repair or adjustment to denture			
Other temporary emergency dental treatment as determined by the dentist <i>For example: stopping bleeding, refixing orthodontic retainer wire.</i>			

Dentist's declaration

Is this a Bupa Dental Centre? Yes No

Location

I confirm that the patient received the dental services itemised in the dental treatment details section on the date(s) and to the value shown, and that the treatment given was emergency treatment.

Signature

Dentist's stamp

Name

Position

Date

Claim details

This section should be completed by the patient (or parent/guardian if the patient is under 16). You must attach a copy of the original itemised receipts to any claims. Please keep the original in a safe place for future reference. Your receipt should bear the name and address of the practitioner alongside the patient where applicable.

Total treatment cost £

Number of receipts enclosed

Claimant declaration

Important: Please read this declaration carefully before signing and dating the completed form.

Prior to returning the claim form please study your membership guide and membership certificate 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. 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.

Declaration

- I consent that Bupa Dental may contact my dentist to obtain clinical records from my dentist to support this claim.
- I declare that the information contained within this claim is true and correct to the best of my/our knowledge and belief.
- I have not withheld any information from Bupa within my/our knowledge connected with this claim.
- I agree to provide any further information or documentation as may be reasonably required.
- I confirm the treatment received was emergency treatment.

Signature of patient or parent/guardian

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Privacy notice – in brief

We are committed to protecting your privacy when dealing with your personal information. This privacy notice provides an overview of the information we collect about you, how we use and protect it. It also provides information about your rights. Further details can be found in our Full Privacy Notice available at bupa.co.uk/privacy. If you do not have access to the internet and would like a paper copy of the Full Privacy Notice, please contact the Bupa Privacy team on **+44 (0) 1784 893706**. Alternatively you can email the team at dataprotection@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Upon-Thames, Middlesex TW18 3DZ**. If you have any questions about how we handle your information, please contact us at dataprotection@bupa.com

Information about Bupa

In this privacy notice, references to ‘we’ or ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioners Office, registration number Z6831692. Bupa is comprised of a number of trading companies, many of which also have their own data protection registrations. For company contact details, visit bupa.co.uk/legal-notices

Scope of our privacy notice

This privacy notice applies to anyone who interacts with us in relation to our products and services (‘you’, ‘your’), via any channel (eg email, website, telephone, app etc).

Ways in which we obtain personal information

We obtain personal information from you and from certain third parties (eg those acting on your behalf, like brokers, healthcare providers etc). Where you provide us with information about other individuals, you must ensure that they have seen a copy of this privacy notice and are comfortable with you doing this.

Categories of personal information

We process two categories of personal information about you and/or, where applicable, your dependants, namely standard personal information (eg information we use to contact you, identify you or manage our relationship with you); and special categories of information (eg health information, information about race, ethnic origin and religion that allows us to tailor your care, and information about crime in connection with screening).

Privacy notice – in brief (continued)

Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our Full Privacy Notice, including to administer our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and in order to protect the rights, property, or safety of Bupa, our customers, or others. The legal ground upon which we process personal information depends on what category of personal information we process. Standard personal information is normally processed by us on the basis that it is necessary for the performance of a contract, our or a third parties' legitimate interests or it is required or permitted by applicable law.

Marketing and preferences

We may use your personal information to send you marketing by post, telephone, social media platforms, email and text. We only use your personal information to send you marketing if we have either your consent or a legitimate interest. If you don't want to receive personalised marketing about similar Bupa products and services that we think are relevant to you, please contact us at optmeout@bupa.com or write to **Bupa Data Protection, Willow House, 4 Pine Trees, Chertsey Lane, Staines-Up-on-Thames, Middlesex TW18 3DZ**

Processing for Profiling and Automated Decision Making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent and fair service, as well as with marketing information we think will be of interest (including discounts on our products and services). This may involve evaluating information about you and, in some limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our Full Privacy Notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making. Further details are available in our Full Privacy Notice.

Sharing your information

We share your information within the Bupa Group, with relevant policyholders (including your employer if you are covered under a group scheme), with funders commissioning services on your behalf, those acting on your behalf (eg brokers and other intermediaries) and with others who help us provide services to you (eg healthcare providers) or from whom we need information to handle or verify claims or entitlements (eg professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our Full Privacy Notice.

Transfers outside of the European Economic Area (EEA)

Bupa deals with many international organisations and uses global information systems. As a result, Bupa transfers your personal information to countries outside of the European Economic Area ('EEA'), (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

How long we retain your personal information

Bupa retains your personal information in accordance with retention periods calculated in accordance with the criteria detailed in the Full Privacy Notice available on our website.

Bupa dental insurance is provided by:

Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Arranged and administered by:

Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority. Registered in England and Wales No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ.

© Bupa 2018