

Dental insurance claim form

Cash benefit for hospital stay



Before you begin

Please complete this form using **BLOCK CAPITALS** and **BLACK INK**

If you are claiming for hospital cash benefit you will need to complete this form and send it to:

Bupa Dental, Bupa Place, 102 The Quays, Salford M50 3SP. Make sure the hospital sign and stamp this form first.

You can claim £100 for each night you stay in hospital due to emergency dental treatment, general dental treatment or a dental injury, up to £1,000 per policy year. You can also claim this benefit if you are being treated for oral cancer via the NHS.

Please note, this benefit is not available on the Core (NHS) level of cover.

If you have any questions regarding your claim or benefit limits, please call us on the Bupa Dental helpline **0800 237 777***.

For those with hearing or speech difficulties who use the Relay UK smartphone app or textphone, use the prefix **18001** followed by the number above.

Please ensure that all the relevant sections have been completed and the declaration has been dated. This will help us deal with your claim as quickly as possible. 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.

If you do **not** wish to be contacted by text or email please this box.

Written advice of payment will be posted to you.

*The customer service helpline is open 8am to 6pm Monday to Friday and 8am to 1pm Saturdays. We are closed public holidays. We may record or monitor our calls.

Bupa membership number

Main member name

Title (please tick or list title if other) Mr Mrs Miss Ms Other

First name(s) Surname

Address

Postcode

A. Claimant details (person completing the claim form)

To see how we use your information, please read our privacy notice on page 3.

Title (please tick or list title if other) Mr Mrs Miss Ms Other

First name(s) Surname

Date of birth

Address if different to main member

Postcode

Telephone number Mobile telephone number

Email address

B. Patient details (person who received treatment)

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

Title (please tick or list title if other) Mr Mrs Miss Ms Other

First name(s) Surname

Date of birth

Address if different to main member

Postcode

Telephone number Mobile telephone number

Email address

C. Payment details

Account holder name

Bank/building society name

Sort code - -

Account number

If you don't provide your bank account details, we will settle your claim by cheque.

D. Cash benefit (this section needs to be completed by the hospital)

Certificate of in-patient stay (ie overnight stay in hospital)

Only complete this section if the patient has received dental treatment as an in-patient.

Reason for hospital admission

Hospital stamp

Admission date

Discharge date

Is the patient still an in-patient? Yes No Date

E. 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 your 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 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.

Submission of this claim is validation that the content is true and accurate. Date

Checklist

Have you completed the following sections?

Main member name, policy number and address

A 'Claimant details'

B 'Patient details'

C 'Payment details'

Dated section E 'Claimant declaration'

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 it and how we protect it. It also provides information about your rights. The information we process about you, and our reasons for processing it, depends on the products and services you use. You can find more details 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, please 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 us

In this privacy notice, references to ‘we’, ‘us’ or ‘our’ are to Bupa. Bupa is registered with the Information Commissioner’s Office, registration number Z6831692. Bupa is made up 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-notice

1. Scope of our privacy notice

This privacy notice applies to anyone who interacts with us about our products and services (‘you’, ‘your’), in any way (for example, email, website, phone, app and so on).

2. How we collect personal information

We collect personal information from you and from certain other organisations (those acting on your behalf, for example, brokers, health-care providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your dependants. This is standard personal information (for example, information we use to contact you, identify you or manage our relationship with you), special categories of information (for example, health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks, or other background screening activity).

4. Purposes and legal grounds for processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and handling complaints), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others’ legitimate interests or it is needed or allowed by law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Marketing and preferences

We may use your personal information to send you marketing by post, phone, social media, email and text. We only use your personal information to send you marketing if we have either your permission or a legitimate interest.

If you don’t want to receive personalised marketing about similar 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-upon-Thames, Middlesex TW18 3DZ**

6. 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 interest you (including discounts on our products and services). This may involve evaluating information about you and, in 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.

7. Sharing your information

We share your information within the Bupa group of companies, with relevant policyholders (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example, brokers and other intermediaries) and with others who help us provide services to you (for example, health-care providers) or who we need information from to handle or check claims or entitlements (for example, professional associations). We also share your information in line with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

8. Transfers outside of the European Economic Area (EEA)

We deal with many international organisations and use global information systems. As a result, we transfer your personal information to countries outside of the European Economic Area (the EU member states plus Norway, Liechtenstein and Iceland) for the purposes set out in this privacy policy.

9. How long we keep your personal information

We keep your personal information in line with periods we work out using the criteria shown in the full privacy notice available on our website.

10. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used; to ask us to transfer information you have made available to us; to withdraw your permission for us to use your information; and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

11. Data protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at dataprotection@bupa.com. You can also use this address to contact our Data Protection Officer.

You also have a right to make a complaint to your local privacy supervisory authority. Our main office is in the UK, where the local supervisory authority is the Information Commissioner, who can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Phone: 0303 123 1113 (local rate) or 01625 545 745 (national rate).

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 2020

bupa.co.uk