

# Worldwide Dental Accident and Emergency Cover Claim Form

For CODEplan Members



Download an additional claim form or the Insurance Cover terms and conditions from [codeplan.co.uk/cover](http://codeplan.co.uk/cover)  
Please refer to CODEplan Worldwide Dental Accident and Emergency Cover Terms and Conditions for full details

- Please ensure ALL relevant sections on ALL FOUR PAGES of this claim form in BLOCK CAPITALS and signed
- Attach all relevant receipts
- Forward to: DENIS UK Limited, PO Box 6833, Basingstoke, RG24 4PR
- Should you have any queries please call DENIS UK Limited on 0800 633 5037
- Please note that the maximum limits do not represent the amount that should be charged for treatment

## Patient (Plan Member) Details - to be completed by the patient or a parent/guardian of a patient under 16 years)

Patient Name Mr/Mrs/Miss/Ms ..... Date of Birth..... Date of Incident.....

Patients Address (inc Postcode).....

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Telephone..... Email .....

Does the claimant hold dental insurance or any form of medical insurance with any other provider? If yes

Provider ..... Policy Number .....

## Practice (Policyholder) Details

Practice name and address..... Telephone.....

Name of the regular dentist.....

## Treating dentist's details

Dentist's name..... Practice name.....

Practice address.....

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Telephone..... Treatment date.....

### Data Protection Act - information uses

For the purposes of the Data Protection Act 1998, the data controller in relation to any personal data you supply is MS Amlin Underwriting Limited.

### Insurance Administration

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents. It may be disclosed to the Financial Conduct Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

With limited exceptions, and on payment of the appropriate fee, you may have the right to access and if necessary rectify information held about you.

### Sensitive Data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this claim you will signify your consent to such information being processed by the insurer or their agents.

## Section 1 – Emergency Treatment Benefits (Worldwide)

Treatment must be received at least 40 miles away from the Policyholder’s registered practice (and not undertaken by the Plan Member’s registered Dentist), other than for Emergency Call out fees.

Please include a receipt from the practice administering Treatment showing a breakdown of the Treatment given and cost.

In normal circumstances payment will be made to the Plan Member (Patient) unless you indicate otherwise (e.g. the practice needs paying).

Treatment	Maximum limit	Claim code	Number of units received	Tooth numbers	Date of treatment	Cost
Examination & Report to include all necessary smoothing and polishing of teeth and treatment of sensitivity	Up to £45 per incident	2013				£
Radiographic Examination	Up to £30 per tooth	2020				£
Fillings						
Amalgam – small (1 surface)	Up to £40 per tooth	2041				£
Amalgam – medium (2 surfaces)	Up to £60 per tooth	2042				£
Amalgam – large (3+ surfaces)	Up to £75 per tooth	2043				£
Composite – small (1 surface)	Up to £65 per tooth	2046				£
Composite – medium (2 surfaces)	Up to £80 per tooth	2047				£
Composite – large (3+ surfaces)	Up to £95 per tooth	2048				£
Extractions						
first tooth	Up to £50	2070				£
per additional tooth	Up to £25 per tooth	2071				£
surgical extraction	Up to £200 per tooth	2072				£
Root extirpation to include dressing and any associated treatment of acute infection						
1 canal	Up to £45 per tooth	2065				£
2 canals	Up to £50 per tooth	2066				£
3 or more canals	Up to £70 per tooth	2067				£
Treatment of acute infection (not associated with endodontic therapy) to include incising of abscesses and treating infected sockets	Up to £35 per incident	2073				£
Investigation and dressing						
first tooth	Up to £25	2076				£
per additional tooth	Up to £10	2076				£
Re-cement crown or inlay	Up to £45 per unit	2096				£
Re-cement bridge	Up to £55 per unit	2099				£
Construction and fitting of Temporary Crown	Up to £65 per unit	2094				£
Temporary bridge	Up to £150 per unit	2165				£
Arrest of abnormal haemorrhage including aftercare and associated suture removal	Up to £75 per incident	2075				£
Removal of sutures placed by another practitioner	Up to £30 per incident	2009				£
Adjustment to denture	Up to £30 per incident	2108				£
Repair of denture	Up to £50 per incident	2119				£
Any other emergency treatment not otherwise specified	Up to £70 per incident	2002				£
Evening, weekend and Bank Holiday call-out fees where treatment outside the treating Dentist’s normal surgery hours	Up to £110 per incident	2003				£
Evening, weekend and Bank Holiday telephone advice fees where advice was sought as the result of an emergency incident outside the treating Dentist’s normal surgery hours	Up to £25 per incident	2006				£

Description of Treatment.....

Location of Treatment.....

Time and date of Emergency Call-out (if applicable).....

## Section 2 – Accident Treatment Benefits

For Treatment undertaken at the Policyholder's practice. Refer any cases over £200 to DENIS UK Limited prior to Treatment.

In normal circumstances payment will be made to the Policyholder (Practice).

**Tooth numbers must be given where applicable.**

Treatment	Maximum limit	Claim code	Number of units received	Tooth numbers	Date of Treatment	Cost
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### Extra-oral Trauma

Crown – porcelain jacket	Up to £410 per unit	2092				£
Crown – ceramic bonded	Up to £445 per unit	2091				£
Metal bonded porcelain crown	Up to £440 per unit	2093				£
Bonded metal/porcelain bridge	Up to £430 per retainer Up to £400 per pontic	2093 2097				£
Full metal crown	Up to £320 per unit	2090				£
All metal bridge work	Up to £430 per retainer Up to £400 per pontic	2090 2097				£
Laboratory constructed adhesive bridge	Up to £285 per retainer Up to £235 per pontic	2098				£
Laboratory constructed adhesive facing / veneer	Up to £400 per unit	2083				£
Permanent denture acrylic	Up to £430 per denture	2110				£
Permanent denture metal	Up to £640 per denture	2116				£
Temporary denture following tooth loss	Up to £185 per incident	2161				£
Laboratory made temporary bridge following tooth loss	Up to £150 per incident	2163				£
Root canal treatment incisor	Up to £250 per unit	2061				£
Root canal treatment canine	Up to £250 per unit	2061				£
Root canal treatment premolar	Up to £255 per unit	2062				£
Root canal treatment molar	Up to £400 per unit	2063				£
Dental Implants	Up to £1400 per unit	2135				£
Emergency & other treatment not specified	Up to £350 per incident	2002				£

### Intra-oral Trauma

Treatment carried out on a non-restored tooth	Up to £150 per incident					£
Fixed bridge repair	Up to £150 per incident					£
Adhesive bridges and veneers – re-cementing work only	Up to £50 per incident					£
All other treatments carried out on a restored tooth	Up to £50 per incident					£

Description of Accident /Injury:

## Section 3 - Hospital Benefit

Please enclose a hospital discharge form confirming both the dates of admission and discharge.  
In normal circumstances payment will be made to the Plan Member (Patient).

Description of Treatment.....

Location of Hospital.....

From (Date and Time)..... To (Date and Time).....

## Section 4 - Oral Cancer Benefit

Please enclose the full diagnosis from the Specialist. In normal circumstances payment will be made to the Plan Member (Patient).

Diagnosis.....

Location of Hospital / Specialist.....

Date of Diagnosis.....

## Section 5 - Payment Details

Has the dentist been paid? Yes  No  Itemised receipt is attached for £.....

Please credit.....

Bank name and address.....

Account name..... Number..... Sort code.....

### Patient's declaration - to be completed by the patient or a parent /guardian of a patient under 16 years)

I/We understand the contents of the completed claim form and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete I/We understand that my/our information may also be disclosed to the Financial Conduct Authority and other regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

I/We consent to the information on this form and on any claim I/we may make being supplied to a data administration company so that it can be made available to other insurers. I/We also agree that, in response to any searches that may be made in connection with this application or any claim, such data administration company may supply information it has received from other insurers about other claims I/we have made.

I/We understand that information may be sought from other insurers to check the answers I/we have provided.

Patient (parent/guardian) name..... Patient (parent/guardian) signature..... Date.....

### Dentist's declaration

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

Dentist's name..... Dentist's signature..... Date.....

CODEplan Ltd licenses branding and intellectual property from the Confederation of Dental Employers Ltd.

CODEplan Ltd provides this cover to its members under our group insurance policy. The address is Elm Tree House, Bodmin Street, Holsworthy, Devon, EX22 6BB

