

WORLDWIDE DENTAL ACCIDENT AND EMERGENCY COVER CLAIM FORM for CODEplan Members



Download an additional claim form or the Insurance Cover terms and conditions from agiliosoftware.com/dental-plans-dentists. 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)

.....

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

.....

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 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