

DentalChoice Plus Claim Form



How to claim

If you need to make a claim just follow the steps below.
If you need any help or advice, or have any queries about your treatment at any time, simply call the BUPA DentalChoice Plus helpline on **0800 237 777** that's what we're here for!

1

Before your appointment with the dentist you should complete sections A, B and C of the claim form.

2

Take the form with you to your appointment and ask your dentist to fill in Section D, the dental treatment section, once your treatment has been completed.

3

You should now complete and sign Section E. Enclose the original dated receipts with your completed claim form and send to: **BUPA Dental, FREEPOST, Anchorage 3, 1st Floor, Salford Quays, Manchester M5 2XL**

We're here to help

Please call your helpline if you have any queries when filling in this form.

Before you send the form to us make sure that all relevant sections have been completed - this will help us deal with your claim as quickly as possible.

Please remember

- All claims must be supported by original dated receipts and submitted within 6 months of treatment.
- Payment of benefits claimed is subject to the rules of the scheme.
- A registered dental practitioner who completes the dental treatment section (Section D) of this form may make a small charge which is not reclaimable from BUPA.
- All benefits are paid in £ Sterling.
- If you are claiming payment of benefits for Oral Cancer you need to complete a different form. Please call your helpline for details 0800 237 777
- Only treatment itemised on the claim form can be claimed.

Data Protection Notice

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the BUPA group. To this end, BUPA fully complies with Data Protection Legislation and Medical Confidentiality Guidelines.

Medical Information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your Dentist, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

Telephone calls: In the interest of continuously improving our service to members, your call will be recorded and may be monitored.

Research: Anonymised or aggregated data may be used by BUPA, or disclosed to others, for research or statistical purposes.

Regulation: BUPA is a member of the General Insurance Standards Council, which regulates the Insurance Activities of its members. Personal data may be disclosed to GISC as part of this system of regulation. Such data will be subject to a duty of confidentiality on the part of GISC.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Names and Addresses: BUPA does **not** make the names and addresses of members or patients available to other organisations.

Keeping you informed: BUPA would, on occasion, like to keep you informed of BUPA products and services which it considers may be of interest to you.

Contact Address: If you do not wish to receive information about BUPA's products and services, or have any other Data Protection queries please write to the BUPA Group Information Protection Manager, at BUPA House, 15-19 Bloomsbury Way, London WC1A 2BA or at DataProtection@BUPA.com.

Information may be disclosed to others with a view to preventing fraudulent or improper claims.

PLEASE NOTE: The issue of this claim form is not a guarantee of payment.

Continued over...

Please complete all relevant boxes in BLOCK CAPITALS and BLACK ink.

A Registration details

BUPA DentalChoice Plus registration number (if known)

Employee Number

Company name

Scheme type (Classic/Premier/Platinum)

The employee/member of the company/association should fill in these details. If you have a registration number please quote it on all correspondence.

B Employee/member section

Employee details

Title | Surname | Forename(s) |

Home Address | Tel no. day |

Tel no. evening |

Male Female

Day | Month | Year

Postcode | Date of birth:

This Section should be completed by whoever is actually undergoing treatment if different from Section B, or a parent/guardian if the patient is under the age of 16.

C Patient section

Patient's details (if different from above)

Title | Surname | Forename(s) |

Day | Month | Year

Date of birth: Status of patient: Employee/Member Spouse Child

D Dental treatment section

Procedure code	Benefit Schedule	Tooth notation	Number of treatments or teeth	Treatment date(s)	Total patient's charge
Treatments					
DA001	Examination Note a				
DA002	Examination (new patient) Note c				
X-rays					
DA004	Small X-ray Note b				
DA005	Medium X-ray (per film) Note b				
DA006	Panoral Note c				
Scaling					
DA007	Simple Note b				
DA012	Chronic periodontal per visit 1-4 teeth				
DA013	5-9 teeth				
DA014	10-16 teeth				
DA015	17 or more teeth				

SUB TOTAL **£**

Notes

- Annual Benefit Limits**
- a** - Max twice per year
 - b** - Max four per year
 - c** - Max once per year

This Section should be completed by your dentist or an authorised member of the dental practice. Please ensure that all relevant sections are completed clearly, with each item of treatment shown, together with the total treatment costs.

Procedure code	Benefit Schedule	Tooth notation	Number of treatments or teeth	Treatment dates	Total patient's charge
	Fillings				
DB001	Amalgam (1 surface)				
DB002	Amalgam (2 surface)				
DB003	Amalgam (3+ surface)				
DB004	Composite anterior 1 surface				
DB005	Composite anterior 2 surfaces or more				
DB028	Composite posterior 1 surface				
DB029	Composite posterior 2 surfaces or more				
	Root Canal Treatment				
DB007	Single root				
DB008	Two roots				
DB009	Multiple roots				
	Surgical Treatment				
DB011	Extraction (per tooth)				
DB013	Surgical extraction (flap raised)				
DB015	Apicectomy				
DB017	Incising of abscess				
	Crowns, Bridges Etc				
DC013	Inlay (per tooth)				
DC012	Veneer (per tooth)				
DC020	Full gold crown				
DC019	Porcelain crown				
DC021	Porcelain bonded to metal crown				
DC018	Bridge per unit				
DC017	Adhesive bridge				
DC022	Cast post & core				
DC023	Prefabricated post & core				
DB030	Refix or re-cement existing crown				
DB031	Re-cement adhesive bridge				
DB032	Re-cement any other bridge				
	Dentures				
DC001	Acrylic partial upper or lower denture				
DC002	Acrylic partial upper & lower denture				
DC005	Metal partial upper or lower denture				
DC006	Metal partial upper & lower denture				
DC003	Acrylic full upper or lower denture				
DC004	Acrylic full denture				
DC025	Reline denture				
DC009	Addition of tooth				
DC011	Repair denture				
DB020	Occlusal splint				
DD001	Accidents/sports injuries				
DE001	Emergencies				

SUB TOTAL £

TOTAL TREATMENT COSTS £

**Please complete the declaration overleaf.
Your claim cannot be processed without the signature of both the dentist and patient.**

Dentist's Stamp

[Empty box for Dentist's Stamp]

Are you an approved BUPA Practice? YES/NO

Dentist's declaration:

I confirm that the patient received dental services on the above date(s) to the value shown above.

[Empty box for Dentist's declaration]

Signature |

Date |

GDC no. |

Please fill in this section when your dental treatment has been completed. Please make sure that Sections A, B and C are filled in and that Section D has been fully completed by your dentist. Please ensure that the original dated receipts are enclosed with your claim form.

E Claim details

Total treatment costs **£** [] Number of receipts enclosed []

I declare that the information given on this form is to the best of my knowledge true and complete and claim benefits under my scheme on this basis.

X

Signature of patient (or parent/guardian if aged under 16)

Date



BUPA Membership Limited. Registered in England and Wales No 3829851
Registered Office: BUPA House 15-19 Bloomsbury Way London WC1A 2BA