



BUPA DENTAL COVER

DENTAL CLAIM FORM



B PATIENT DETAILS (IF DIFFERENT FROM SECTION A)

This section should be completed by the person undergoing treatment if different from section A, or a parent/guardian if the patient is under 16.

PATIENT DETAILS

Title: *(Mr, Mrs, Miss, Ms, other title)*

Surname:

First name(s):

Please tick the appropriate box below if the patient receiving treatment is a partner or dependant covered on your policy.

Partner

Child/Dependant

Date of birth: (day/month/year)

Male

Female

C DENTAL TREATMENT DETAILS AND DENTIST'S DECLARATION

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

Procedure codes	Treatments	Tooth notation	Number of treatments or teeth	Treatment date(s)	Total patient's charge
DA001	Examination				
DA007	Simple scale and polish				
DA021	X-rays				
DB034	Fillings and root canal treatment				
DB035	Extractions				
DC034	Crowns, bridgework and denture				
DE001	Emergency treatment - UK				
DB021	Anaesthetist's charges				
DD001	Dental injuries				

If your treatment has been received under the NHS please complete the box below:

NHS Banding	Treatment band given <i>(please tick)</i>	Patient Charges
Band 1		
Band 2		
Band 3		
Total treatment cost		£

F OTHER INSURER DETAILS

If you have another insurance policy which also covers for dental treatment, please provide us with their details.

INSURER DETAILS

Insurer's name:

Policy No:

Address:

Postcode:

G CLAIM DETAILS

This section should be completed by you, please ensure that the original dated receipts are enclosed.

Total treatment cost

£

Number of receipts enclosed

Please complete the declaration below. Your claim cannot be processed without the signature of both the dentist and the patient (or parent/guardian if patient is under 16).

Please ensure that all relevant sections are filled in and that section C has been fully completed by your dentist.

Please ensure that the original dated receipts are enclosed with this claim form.

PATIENT'S DECLARATION

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

Signature of patient

(or parent/guardian if aged under 16):

Print name:

Date:

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. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside of the European Economic Area, is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your GP, 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 main member.

Telephone calls: In the interest of continuously improving our service to members, your call may 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.

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: The Bupa Group would, on occasion, like to keep you informed of the Bupa Group's products and services which we consider may be of interest to you.

Contact address: If you do not wish to receive information about our products and services, or have any other Data Protection queries please write to the Bupa Group's Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at dataprotection@bupa.com

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other Bupa services.

Calls may be recorded
and may be monitored.

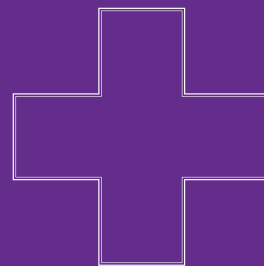
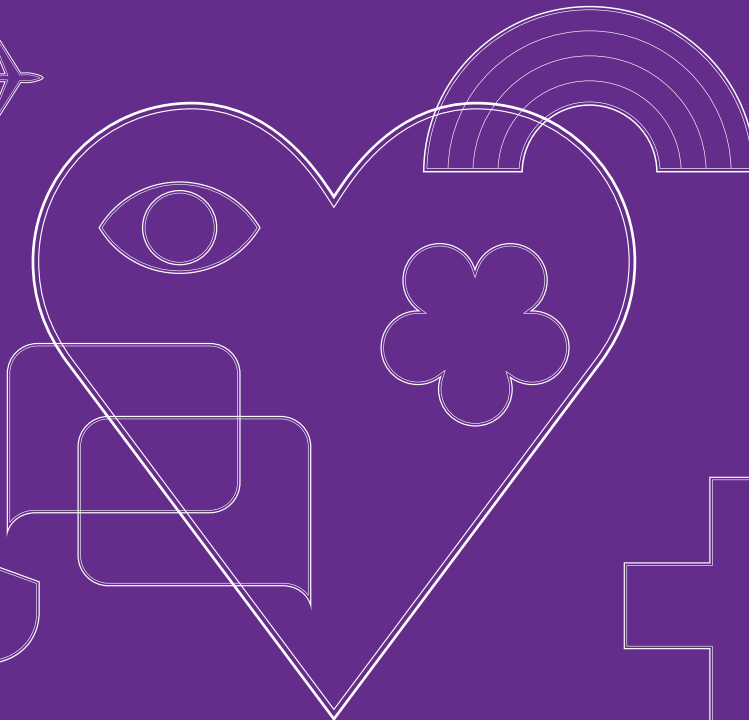
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Registered in England and Wales
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Registered Office: Bupa House,
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The world of Bupa

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