

**Contact us**

If you need any help or advice, or have any queries about your treatment, simply call the Bupa Dental helpline on:

**0800 237 777\***

If you have speech or hearing difficulties you can call our textphone number 0845 606 6863+

Please send the completed claim form to:

Bupa Dental,  
Anchorage Quay, Salford Quays,  
M50 3XL

This is your Bupa Dental claim form. Please refer to the notes below regarding claiming. Please take this along to the dentist for completion.

**Notes on claiming:**

- if you are claiming payment of benefits for oral cancer or cash benefit for a hospital stay please use a different form, please call the Dental helpline on the above number for a copy
- this claim form should be completed by the person undergoing treatment or a parent or guardian if the patient is under 16
- please ensure all relevant sections are completed as this will help us deal with your claim as quickly as possible
- all claims must include original dated receipts and, where reasonable to do so, be submitted within six months of treatment to the address above
- only treatment itemised on this claim form can be claimed
- payment of benefits claimed is subject to the rules of the scheme
- all claims are paid in £ sterling
- a registered dental practitioner who completes section D of this form may make a small charge which is not reclaimable from Bupa
- if available please quote your membership number on all correspondence.

Please check the following details to ensure they are correct. If incorrect, amend accordingly.

<b>A Membership details</b>	
Bupa Dental membership number	
Company name	
Scheme	
Scale of cover	

<b>B Employee/member details</b>					
Title	Surname	Forename(s)			
Home address		Preferred telephone number			
		Male/Female	Date of Birth (dd/mm/yyyy)		
Postcode					

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

<b>C Patient details (if different from above)</b>					
Title	Surname	Forename(s)			
Partner (Yes)	Child (Yes)	Male/Female	Date of Birth (dd/mm/yyyy)		

Section D should be completed by your dentist or an authorised member of the dental practice.

<b>D Dental treatment details and dentist's declaration</b>						
Procedure code	Treatments	Tooth notation	Number of treatments or teeth	Treatment date(s)	Total patient's charge	
DA001	Examination					
DA002	Examination (new patient)					
DA004	Small X-ray					
DA005	Medium X-ray (per film)					
DA006	Panoral X-ray					
DA007	Simple Scale & Polish					
DA012	Chronic Periodontal per visit -1 to 4 teeth					
DA013	Chronic Periodontal - 5 to 9 teeth					
DA014	Chronic Periodontal - 10 to 16 teeth					
DA015	Chronic Periodontal - 17 or more teeth					
DB001	Amalgam (1 surface)					
DB002	Amalgam (2 surface)					
DB003	Amalgam (3+surface)					
DB004	Composite Anterior 1 Surface					
DB005	Composite Anterior 2 Surfaces or more					
DB007	Root canal treatment - Single Root					
DB008	Root canal treatment - Two Roots					
DB009	Root canal treatment - Multiple Roots					
				<b>Sub-total</b>	<b>£</b>	

Procedure code	Treatments	Tooth notation	Number of treatments or teeth	Treatment date(s)	Total patient's charge
DB011	Extraction (per tooth)				
DB013	Surgical Extraction (flap raised)				
DB015	Extractions - Apicectomy				
DB017	Extractions - Incising of Abscess				
DB028	Composite Posterior 1 surface				
DB029	Composite Posterior 2 surfaces or more				
DC001	Acrylic Partial Upper or Lower Denture				
DC002	Acrylic Partial Upper & Lower Denture				
DC003	Acrylic Full Upper or Lower Denture				
DC004	Acrylic Full Upper & Lower Denture				
DC005	Metal Partial Upper or Lower Denture				
DC006	Metal Partial Upper & Lower Denture				
DC009	Addition of tooth				
DC011	Repair Denture				
DC012	Veneer (per tooth)				
DC013	Inlay (per tooth)				
DC017	Adhesive Bridge				
DC018	Bridge per unit				
DC019	Porcelain Crown				
DC020	Full Gold Crown				
DC021	Porcelain Bonded to Metal Crown				
DC022	Cast Post & Core				
DC023	Prefabricated Post & Core				
DC025	Reline Denture				
DC030	Refix or re-Cement Existing Crown				
DC031	Re-cement Adhesive Bridge				
DC032	Re-cement any other Bridge				
DB020	Occlusal Splint				
DB021	Anaesthetists Charges				
DB036	Orthodontic Charges†				
DE002	Emergency Treatment - Overseas				
<b>If your treatment has been received under the NHS please complete the box below:</b>					
<b>NHS Banding</b>		<b>Please tick treatment band given</b>		<b>Patient Charges</b>	
Band 1					
Band 2					
Band 3					
				<b>Sub-total (from this page)</b>	<b>£</b>
				<b>Sub-total (from page 2)</b>	<b>£</b>
				<b>Total treatment costs</b>	<b>£</b>

†cover for orthodontic charges is only available for child dependant up to the age of 18 only.

**Dentist's declaration**

Was the treatment:  
(Please tick one)

Routine     Emergency     **or** as a result of dental injury

If you have ticked dental injury please provide details of the injury in the box below:

Dental injury details

Dentist's stamp

I confirm that the patient received the dental services itemised in section D on the date(s) and to the value shown.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date:            /            /

**E Dental injury details**

This section to be completed by the patient or the parent/guardian if under 16

If the treatment above was as a result of a dental injury please provide full details of the cause and circumstances of the dental injury in the box below

