



## Before you begin

Please check your Policy Book to understand what you're covered for. The Policy Book includes full details, including the amount you and anyone covered on your policy can claim up to in each policy year.

When claiming for dental treatment you'll need to send your invoice or receipt from your dentist with your claim.

### If we need to contact you about your claim

We may contact you by text, email, or phone to send updates or ask questions about your claim. If you don't want us to do this, please tick this box.

## Post

Fill in the form and send it, along with a copy of your receipts, to: **Bupa Dental Insurance, Bupa Place, 102 The Quays, Salford M50 3SP**

## Email

**saga@bupa.com**

If you need to send us sensitive information you can email us securely using Egress. For more information and to sign up for a free Egress account, go to [switch.egress.com](https://switch.egress.com). You won't have to pay for sending secure emails to a Bupa email address using Egress.

## Call

If you have any questions, please call us on **0330 018 0778** between 8am and 8pm Monday to Friday and 8am and 4pm on Saturdays. We may record or monitor phone calls.

## About the person claiming

Policy number

Title (please tick or list title if other) Mr  Mrs  Miss  Ms  Mx  Other

First name(s)  Surname

Date of birth

Address

Postcode

Phone number

Mobile number

Email address

## Claimant Declaration

Before sending us your claim form please check the policy terms and conditions in your Policy Book. In order to detect, prevent and help with the prosecution of financial crime, we may share information with fraud prevention or law enforcement agencies, and other organisations. If we suspect fraudulent activity, we may inform the person or organisation who administers or funds your Bupa services. Please note that we are not responsible for the costs of obtaining documentation in support of the claim.

- I consent that Bupa may contact my dentist to obtain clinical records that can be used to support this claim.
- I declare that the information contained within this claim is true and correct to the best of my knowledge and belief.
- I hereby authorise Bupa to direct payment to the bank account specified.
- I have not withheld any relevant information from Bupa within my knowledge connected with this claim.

By submitting this claim, you're confirming the content is true and accurate.

Date

## Payment details

Account holder name

Bank or building society

Sort code    -    -

Account number

If you don't give your bank account details, we'll send a cheque to the main policyholder instead.

## About your dentist

Is your dentist part of the Bupa Dental Insurance Network? Yes  No  Don't know

Dentist's phone number

Dentist's name

Dental practice name

Address

Postcode

## Saga HealthPlan Super – dental treatment received

Please tick the box against the type of treatment you had. Also include the date(s) you had the treatment and the treatment cost. You'll find this information on the invoice your dentist gave you. For dental injury, accident or dental emergency treatment please complete the 'Injury, accident and emergency dental only' section.

| Type of treatment  | Private | NHS | Treatment date(s) | Cost of treatment |
|--|---------|-----|-------------------|-------------------|
| Root canal treatment   |         |     |                   | £                 |
| Apicectomy   |         |     |                   | £                 |
| New permanent crown*   |         |     |                   | £                 |
| New bridgework*  |         |     |                   | £                 |
| Extraction   |         |     |                   | £                 |
| Surgical extraction  |         |     |                   | £                 |
| Inlays/onlays  |         |     |                   | £                 |
| Dental implants and all costs associated with the preparation and fitting of device (including dental prosthesis i.e. crown) |         |     |                   | £                 |
| New dentures if you have never worn dentures before:   |         |     |                   |                   |
| full upper   |         |     |                   | £                 |
| full lower   |         |     |                   | £                 |
| partial upper  |         |     |                   | £                 |
| partial lower  |         |     |                   | £                 |
| Denture repair   |         |     |                   | £                 |
|  |         |     | <b>Total</b>      | £                 |

\*Please note that benefit is only payable for new crowns or bridges, not to replace or to repair existing crowns or bridges. There is no additional benefit when required as part of an implant.

## Health Cash Benefits Cover (optional cover) – dental treatment received

Please tick the box against the type of treatment you had. Also include the date(s) you had the treatment and the treatment cost. You'll find this information on the invoice your dentist gave you. When claiming for Health Cash Benefits dental treatment please send your invoice or receipt from your dentist with your claim form.

For dental injury, accident or dental emergency treatment please complete the 'Injury, accident and emergency dental only' section.

| Type of treatment | Private | NHS | Treatment date(s) | Amount claimed |
|-------------------|---------|-----|-------------------|----------------|
|                   |         |     |                   | £              |
|                   |         |     |                   | £              |
|                   |         |     |                   | £              |
|                   |         |     | <b>Total</b>      | <b>£</b>       |

## Injury and emergency dental treatment only

If you're claiming for a dental injury, accident or emergency dental treatment, please give us full details of the cause, circumstance and the treatment you had (continue on another sheet if you need to).

### Dental Injury / Dental Accident

Was the injury or accident a result of participating in a physical contact sport? Yes  No

If yes, were you wearing a mouthguard which was supplied and fitted by a dental professional? Yes  No

### Emergency dental treatment

Was the emergency dental treatment urgently required to relieve pain, because you couldn't eat or had any acute dental condition which meant there was an immediate and serious threat to your general health? Yes  No

Was the emergency treatment pre-planned? Yes  No

Any treatment carried out at a follow-up appointment must be claimed from the Preventative and Restorative dental treatment benefit allowances according to your level of cover.

Date of injury or emergency           Amount paid £

If you're taking legal action against another party in relation to your dental claim, we may contact your solicitor to ensure that any claims payments we make are included in your legal claim against the other party.

## Privacy notice

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Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. A brief version of the notice can be found in your Policy Book or the full version is online at [bupa.co.uk/privacy](https://bupa.co.uk/privacy)

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