

Worldwide Dental Accident and Emergency Cover Claim Form

For CODEplan Members



Download an additional claim form or the Insurance Cover terms and conditions from codeplan.co.uk/cover 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

Hamilton Insurance DAC (the Data Controller) will use the personal data in this claim form for the purposes of handling your claim, to safeguard against fraud and money laundering and to meet general legal or regulatory obligations. Your data may be disclosed to companies who perform services on our behalf as well as our group companies, brokers, third party administrators, reinsurers, medical service providers, fraud detection agencies, regulatory authorities and others as may be required by law. Your personal data may be transferred to destinations outside the European Economic Area ("EEA"), and where this happens it will be treated securely and in accordance with the data protection legislation. Your data will not be retained for longer than is necessary and will be managed in accordance with our data retention policy. If you have any questions concerning our use of your personal data, please contact: The Data Protection Officer, Hamilton Insurance DAC – please visit www.hamiltongroup.com for full address details. Healix Insurance Services Ltd, trading as Capacity Insights, are a joint Data Controller and are equally committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). For more information, please visit www.capacityinsights.co.uk/privacy-policy/

Section 1 - Emergency Treatment Benefits (Worldwide)

Treatment must be received at least 20 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) Amalgam – medium (2 surfaces) Amalgam – large (3+ surfaces) Composite – small (1 surface) Composite – medium (2 surfaces) Composite – large (3+ surfaces)	Up to £40 per tooth Up to £60 per tooth Up to £75 per tooth Up to £65 per tooth Up to £80 per tooth Up to £95 per tooth	2041 2042 2043 2046 2047 2048				£ £ £ £ £ £
Extractions first tooth per additional tooth surgical extraction	Up to £50 Up to £25 per tooth Up to £200 per tooth	2070 2071 2072				£ £ £
Root extirpation to include dressing and any associated treatment of acute infection 1 canal 2 canals 3 or more canals	Up to £45 per tooth Up to £50 per tooth Up to £70 per tooth	2065 2066 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 per additional tooth	Up to £25 Up to £10	2076 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 after-care 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 £180 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 2 - Accidental Treatment Benefits

For Treatment undertaken at the Policyholder's practice. Refer any cases over £200 to DENIS UK Limited prior to Treatment.

In normal circumstances payment will be made to the Policyholder (Practice).

Tooth numbers must be given where applicable.

Treatment	Maximum limit	Claim code	Number of units received	Tooth numbers	Date of treatment	Cost
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Intra-oral trauma

Crown – porcelain jacket	Up to £410 per unit	2092				£
Crown – ceramic bonded	Up to £445 per unit	2091				£
Metal bonded porcelain crown	Up to £440 per unit	2093				£
Bonded metal/porcelain bridge	Up to £430 per retainer Up to £400 per pontic	2093 2097				£ £
Full metal crown	Up to £320 per unit	2090				£
All metal bridge work	Up to £430 per retainer Up to £400 per pontic	2090 2097				£ £
Laboratory constructed adhesive bridge	Up to £285 per retainer Up to £235 per pontic	2098				£
Laboratory constructed adhesive facing/ veneer	Up to £400 per unit	2083				£
Permanent denture acrylic	Up to £430 per denture	2110				£
Permanent denture metal	Up to £640 per denture	2116				£
Temporary denture following tooth loss	Up to £185 per incident	2161				£
Laboratory made temporary bridge following tooth loss	Up to £150 per incident	2163				£
Root canal treatment incisor	Up to £250 per unit	2061				£
Root canal treatment canine	Up to £250 per unit	2061				£
Root canal treatment premolar	Up to £255 per unit	2062				£
Root canal treatment molar	Up to £400 per unit	2063				£
Dental Implants	Up to £1400 per unit	2135				£
Emergency & other treatment not specified	Up to £350 per incident	2002				£

Intra-oral trauma

Treatment carried out on a non-restored tooth	Up to £150 per incident					£
Fixed bridge repair	Up to £150 per incident					£
Adhesive bridges and veneers – re-cementing work only	Up to £50 per incident					£
All other treatments carried out on a restored tooth	Up to £50 per incident					£

Description of Accident /Injury:

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 understand the contents of the completed claim form and I declare that the information given is, to the best of my knowledge and belief correct and complete. I have read the Privacy & Data Protection notice above and I understand that my 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 regulatory rules/codes.

I consent to the information on this form and on any claim I may make being supplied to the data administration company.

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

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