



let's feel good

Dental Plan

Claim form for Private Treatment

How to claim for routine treatment:

To ensure your claim is settled promptly you must:

1. Ensure that all sections are completed in full - you must complete section 1 below and ask your dentist to complete sections 2 & 3.
2. Submit the claim form within 2 months of your course of treatment being completed. Failure to do so will result in non-payment of your claim.
3. Ensure you attach your original receipts detailing the cost and dates for each individual private treatment provided, as proof of payment for the treatment detailed on your claim form.
4. Please note that you will only be reimbursed up to the annual and individual maximum limits for the treatments shown on your Benefit Schedule. You will need to meet any other costs charged.
5. **Send your completed claim form to the following address:
Boots Dental Plan, PO Box 6905, Basingstoke RG24 4TE**
6. If you wish to claim for accidental treatment or the hospital cash benefit you will have to complete a different claim form. Please contact our customer service team on **0845 840 1111**.
The lines are open 9am – 5pm Monday – Friday.

Your claim will NOT BE ELIGIBLE for settlement unless all of the above steps are completed

Section 1 Claimant details

Name of Claimant: _____ Policy No.: _____

Address: _____

Postcode: _____

Daytime Telephone Number (include STD code): _____ Email address: _____
(we may need to contact you)

I confirm that none of the treatment carried out overleaf had been identified or planned prior to policy inception.
I declare that to the best of my knowledge and belief all the information given on this form is complete, true and correct. I have received the treatment specified and paid the stated fee. I agree to give my consent that any details regarding my claim may be discussed with my dentist.

Signature: _____ Date: _____

Section 2 Dentist details

Please advise the date the patient registered with you as a patient: _____

On what date were the symptoms, leading to the treatment overleaf, first present? _____

Please advise the dates of ALL examinations in the last 12 months: _____

I confirm that the patient stated in Section 1 received private dental treatment on the dates given to the value shown over. I also confirm that the treatment was clinically necessary to maintain their oral health and was not cosmetic.

Signature of Dentist: _____ Date: _____

Dentist Name: _____

Telephone Number (include STD code): _____

General Dental Council Registration Number: _____

Official Stamp or Practice Address

Section 3 Treatment details						
Treatment	Number of Teeth Treated	Tooth Notation	Date Treatment Identified	Date of Treatment <i>(Please list all start and end dates)</i>		Fee Charged
				Start Date	End Date	
Examinations						
Full Case Assessment <i>(only payable if you move area and register with a new dentist)</i>						
Normal Examination (Max of 2 per year)						
X-Rays						
Small (Max of 4 per year)						
Panoral (Max of 1 per year)						
Periodontal Care						
Hygienist visit (Max of 2 per year)						
Fillings (Max of 4 per year)						
Amalgam – Single Surface						
Amalgam – 2 Surfaces						
Amalgam – 3 Surfaces						
Composite – Anterior Single Surface						
Composite – Anterior 2 or more Surfaces						
Composite – Posterior Single Surface						
Composite – Posterior 2 Surfaces						
Composite – Posterior 3 or more Surfaces						
Glass Ionomer						
Advanced Restoration						
Crown (Max of 1 per year)						
Removal of Crown Fracture						
Post & Core (Max of 1 per year)						
Inlay/Onlay/Veneer (Max of 1 per year)						
Bridge (Max of 1 per year)						
Temporary Bridge						
Re-fix or Re-cement Existing Crown, Inlay or Bridge						
Re-cement Bridge						
Root Canal Treatment (Max of 1 per year)						
Incisor/Canine						
Premolar						
Molar						
Apicectomy (Incisor & Canine teeth only)						
Extractions						
Simple Extraction						
Surgical Extraction						
Dentures (Max of 1 per year after 12 months of holding policy)						
Acrylic – Full Upper or Lower						
Acrylic – Full Upper & Full Lower						
Acrylic – Partial						
Chrome – Partial						
Adjustments & Additions						
Miscellaneous						
Emergency Treatment (treatment required for the immediate relief of severe pain, trauma, swelling or haemorrhage and includes the costs associated with any home visits or out of hours fees)						
Infected Socket treatment						
Pin Screw Retention						
Incision of Abscess						
Obturator						
Dressings						
Other Treatments (please list with relevant NHS Code)						
					Total Treatment Fee	
						£

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