



let's feel good

# Dental Plan Claim Form

## 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 and 3.
2. Submit the claim form within 90 days of each individual treatment being completed. **Failure to do so will result in non-payment of your claim.**
3. Attach your original receipts as proof of payment for the NHS or private treatment detailed on the claim form. These receipts must state where and when the treatment was carried out. For private treatment, costs for individual treatment provided must be included. For NHS treatment they must also provide the detail of the Band charged for the course of treatment, or as appropriate if you live in Northern Ireland or Scotland.
4. Please note that you will only be reimbursed up to the maximum annual and individual limits specified on your Benefit Schedule. We recommend that you read your Benefit Schedule before undertaking any treatment as you will be liable for any costs that exceed the reimbursement levels shown on the Benefit Schedule.
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 the hospital cash benefit or oral cancer benefit you will have to complete a different claim form. Please contact our customer service team on 0345 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: \_\_\_\_\_ Member No.: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

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

### DATA PROTECTION

AmTrust Europe Limited (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, AmTrust International 2 Minster Court, Mincing Lane, London, EC3R 7BB, England.

Healix Insurance Services Ltd 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 <https://www.healix.com/insurance-capacity-management/>

### DECLARATION

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.  
I confirm that I have paid the cost of treatment and will not be seeking to claim the costs from any other party, including the government.  
I understand that I am able to withdraw my consent at any time by giving notice in writing.  
I understand that if consent is not provided, then consent will be sought at the point in time when the information will be required and this is likely to cause a delay in the provisions of the service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 Dentist details

Please advise date the patient registered with you: \_\_\_\_\_

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 dental treatment on the dates given to the value shown in Section 3 overleaf. 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: \_\_\_\_\_

Postcode of Practice: \_\_\_\_\_

Official Stamp or Practice Address

SECTION 3 Private Treatment and NHS Scotland Dental Treatment					
Code	Date of treatment	Treatment	Number of teeth treated	Fee Charged	Tooth No (Highlighted fields mandatory)
2010		Examination			
2012		Extensive Examination			
2021		X-rays small (each)			
2023		Panoral x-ray			
2030		Scale and polish			
2051		Dental filling 1 or 2 surface			
2052		Dental filling 3 or 4 surface			
2091		Crown or bridge anchor			
2080		Inlay/Onlay			
2097		Bridge Pontic per unit			
2123		Post and core			
2096		Re-cement crown, inlay			
2099		Re-cement bridge			
2094		Temporary crown (per unit)			
2131		Remove crown			
2061		Root canal canine or incisor			
2062		Root canal premolar			
2063		Root canal molar			
2064		Apisectomy			
2070		Extraction of tooth			
2072		Surgical extraction			
2111		Acrylic denture full U or L			
2112		Acrylic denture partial			
2113		Acrylic denture full U & L			
2116		Chrome Denture U OR L			
2117		Add tooth or clasp to denture			
2119		Repair Dentures			
2002		Emergency dental treatment			
2078		Infected socket treatment			
2050		Pin retention for large filling			
2076		Dressings			
2073		Incise abscess			
2140		Oral Cancer			
Total Treatment Fee				£	

NHS England & Wales Dental Treatment		
Code	Date of treatment	Patient Charge
2200 Band 1		
2201 Band 2		
2202 Band 3		
Emergency Treatment		
Total Band Fee		£

#### SECTION 4 Payment Details (Please complete this section after visiting your dentist)

You can receive payments for claim settlement direct to your chosen bank or building society account, helping to make settling your claim safer and more timely. This simply means that instead of posting a cheque to you we can automatically pay your claim by BACS (Bankers Automated Clearing Services). To benefit from BACS please fill in the below details. If you do not fill in your details correctly it may delay your payment.

Please use the bank details that are already held on file to pay my monthly direct debit ☐

Or to pay into a different bank account or if your bank details are not held on file, please complete the following:

Account Holder Name: \_\_\_\_\_ Bank/Building Society Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

**As the main member under the scheme, I hereby authorise Denis UK Limited (on behalf of the insurer) to make payment to the bank account specified above.**

Main member name: \_\_\_\_\_

Email address for remittance advice: \_\_\_\_\_

Main member signature: \_\_\_\_\_ Date: \_\_\_\_\_