

Your questions answered

When can I claim?

You can claim for check-ups and other procedures for the maintenance of your teeth immediately. Other benefits may be subject to qualifying periods, please refer to your table of cover and policy document. Any treatment received or identified by you or your dentist/ clinician as being required before or during your qualifying period will not be covered. Claims must be submitted within six months of the date of treatment.

Are existing conditions covered?

Pre-existing conditions requiring treatment which was either known about by you, planned or recommended by your dentist/clinician before you took out your policy, or which was revealed in the first check-up you have after taking out the policy if you had not had a check-up for two years prior to taking out your policy, will not be covered.

Do I need to send any further information with my claim?

Further information is only required if your claim is over £500 or where we make a specific request to you for information. The processing of your claim may take longer if further information is needed. Please see the How to Claim section of your terms and conditions for more details.

Paying your claim

To make life easier for you, Simplyhealth pays claims directly to you, usually within a few days. We provide a service which pays directly into your bank account, sending you confirmation in the post. You will need to provide us with your bank account details if you haven't already done so.

simplydentalplan

Making a claim is simple

If you need more claim forms, help with filling out your form or have any questions, please call Customer Services on

0800 980 7891

or if your calling from a mobile call our low cost mobile number on **0370 908 3476**¹



www.simplyhealth.co.uk/socialmedia

¹ Some mobile networks charge for calls to 0800 numbers. Our 0370 number is free if you have mobile inclusive minutes available. If not it's still no more expensive than calling numbers starting 01 or 02.

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1309057-COM-DENTAL-HTCG-0510

How to make a claim

Simply follow the four steps below.

- Ask for a receipt when you pay for your treatment
- Ask your dentist/clinician to fill out the reverse of your claim form and to sign and date the declaration
- Send us your completed form, enclosing your receipt, within 6 months of treatment. Sometimes we may ask for further information to support your claim
- Receive money back from Simplyhealth

To make life easier for you, we even pay the funds directly into your bank account using our Faster Payment service. To have your claims paid straight into your bank account, simply visit:

www.simplyhealth.co.uk/fasterpayment or call **0800 980 7891**



The front – for you to complete

704 A / 0

Policy no. 123456789

Mr & Mrs Sample
Sample address
Sample Road
Sample Town
Postcode

Please provide your contact details below

E mail:

Tel No:

Dental Plan Claim Form

Customer Services
Hambleton House
Waterloo Court
Andover
Hampshire
SP10 1LQ

Your personal details

The codes shown below are for use when completing your claim form. If you need any help with your claim just call us free on the number above or see our guide to claiming at www.simplyhealth.co.uk/d-claimguide

PERSONAL CODE	PERSON COVERED	DATE OF BIRTH	TREATMENT CODE	TREATMENT DESCRIPTION
100	Mrs Sample	03/10/1959	049	Dental Hospital Admission
201	Mr Sample	05/06/1961	050	Dental Check-ups
302	Charlie Sample	11/10/2000	051	Dental Scale and Polish
			054	Dental Treatment
			055	Dental Accident
			056	Dental Emergency
			059	Crowns and Bridges

To claim Your dentist must complete overleaf. Please also enclose all receipts.

Please complete a separate line below for each treatment, selecting the PERSONAL CODE and the TREATMENT CODE from the above lists. Then enter the treatment date and the amount paid from your receipt. Please use black or blue ink, complete the form in BLOCK CAPITALS and always submit your claim within 6 months of treatment.

PERSONAL CODE	TREATMENT CODE	TREATMENT DATE	FULL AMOUNT PAID
EXAMPLE 1 0 0	0 5 4	0 6 0 5 1 0	6 0 9 5

(The example above shows a Dental Treatment claim for the person coded 100 who received treatment on 6th May 2010 and paid £60.95)

Declaration

I can confirm that all treatment shown on the reverse of this form has been received and paid for in full. I consent to Simplyhealth requesting relevant clinical records from any dentist/clinician or specialist in order to assess the claim being made. I have provided Simplyhealth with the details of all other insurers with whom I have cover providing the same or similar benefits as the Simplyhealth Dental Plan and consent to Simplyhealth seeking relevant information from those insurers in respect of this claim. I have provided Simplyhealth with details of any third party with whom a claim or right of action has arisen out of the circumstances which gave rise to this claim. I consent to Simplyhealth processing sensitive information about me (and anyone covered under my policy) including health information. I declare all information provided and questions answered on this claim form and any attached documents are, to the best of my knowledge, truthful, accurate and complete.

Customer's signature: _____ Date: _____

If we've got your details wrong, please correct them in this box

Each person covered under your plan has their own personal code

Each benefit has its own benefit code

For all claims, please enter the personal code and the treatment code

Enter the treatment date and the full amount paid

For all claims, the policy holder must sign and date here

Your details

All claims

Your signature

The reverse – for your dentist/clinician to complete

Ask your dentist/clinician to fill out the reverse side of your form

Records to be sent in for claims over £500

Make sure your dentist/clinician signs and dates the declaration

Please note that you may only claim for cover that is specified in the Policy Document for your Plan

Full claiming details to be provided by your dentist/clinician

Please ask the dentist/clinician to complete the 'Services provided' section where appropriate. If your dentist/clinician cannot complete your form for any reason, just call us on 0800 980 7891. If you are making a claim of £500 or more, please submit your clinical records and x-rays for the treatment undertaken and the previous two years prior to this treatment.

In the event of diagnosis of mouth cancer, please contact us on 0800 980 7891 so we can advise you on how to make your claim.

In the event of a dental accident, if someone else was responsible for the accident please tick the box opposite.

Services provided (to be completed by the dentist/clinician)

I certify that the following costs were incurred as a result of:

Dental maintenance	£
- Check-ups, x-rays and diagnostic work	£
- Scale and Polish	£
Dental treatment	£
(Treatment that is clinically necessary to secure and maintain oral health.)	£
Crown and Bridges	£
(Including Inlays and Onlays.)	£
Dental accident	£
(A sudden and unexpected injury to the mouth resulting from direct external violent means which caused damage to teeth/or gums.)	£
Emergency Dental Visit	£
(Initial visit only for the immediate relief of severe pain which causes a severe threat to general health or ability to eat.)	£
Dental call out	£
(Out of hours emergency appointment.)	£
Total Amount Paid	£

To include details of maintenance and treatment, reason for treatment and nature of accident/emergency (if applicable):

Dates of all appointments applicable to claim:

Dentist's/clinician's contact details:

Name and address: _____ Telephone number: _____

Email/Web address: _____

GDC No: _____

Declaration: (To be completed by the dentist/clinician who provided the treatment. If this is not signed by the dentist/clinician, we will not be able to proceed with the claim.)

I declare that the dental treatment set out above has been completed by (insert dentist's/clinician's name) _____ and was clinically necessary to secure and maintain oral health, with all cost paid for in full by the patient.

I understand that Simplyhealth Clinicians reserve the right to refer clinical records to the General Dental Council in line with the Industry Regulator's policy.

Signature: _____ Date: _____

Simplyhealth Data Protection Notice: We will keep information about you confidential and as the data controller we will store and process your data in accordance with the Data Protection Act 1998. However, we may give information about you and how you use our products to fraud prevention agencies, regulatory bodies or other specified groups as set out in our Terms and Conditions.

Please ensure your dentist/clinician gives as much detail as possible in the space below

Please ask your dentist/clinician to provide their name and address