

# Dental claim form



Please ensure that you complete this form fully and return it to us with the original receipts. The last page of this claim form includes a declaration which you are required to read and sign. Failure to do so may cause delays in the processing of your claim.

When you have completed the form please send it to: **Bupa Dental, Anchorage Quay, Salford Quays M50 3XL.** If you need to speak to someone regarding your claim, please call the Bupa Dental helpline.

## Please read the following before you complete the form:

- all claims must include an original itemised dated receipt
- only treatment itemised on this claim form can be claimed for subject to the rules of the scheme
- please quote your membership number on all correspondence
- all claims are paid in sterling
- we aim to process claims within 5 to 7 working days
- you can submit your claim online at [bupa.co.uk/dental](http://bupa.co.uk/dental)
- claims need to be submitted within six months of treatment unless that was not reasonably possible

## Please use block capitals to complete the form

### Main member details

Your Bupa membership number

Mr / Mrs / Miss / Ms / Other *(please circle or list title if other)*

First name(s)

Surname

Address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Telephone number – daytime

Telephone number – evening

Mobile telephone number

Email address

### Fast track claims

If you have no objection, in an effort to promote speedier and more customer friendly claims handling, we may find it easier to telephone and/or email you during the course of our normal working hours to discuss your claim and/or request further details.

If you do not wish to be contacted by either of these methods then please tick this box.

### Claimant's personal details *(if the claimant is not the main member)*

**This section should be completed by the person undergoing treatment if they are not the main member, or a parent/guardian if the patient is under 16.**

Mr / Mrs / Miss / Ms / Other *(please circle or list title if other)*

First name(s)

Surname

Please tick appropriate box and add details below if the patient receiving treatment is a partner or dependant covered on your policy.

Partner  Child/Dependant

Date of birth

D	D	M	M	Y	Y	Y	Y
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Male

Female

## Payment details

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 (Bank Automated Clearing System). BACS normally enables a cleared payment to reach your Bank account three working days after Bupa has processed the claim for payment. Payments into a Building Society account may take a day longer. Written advice of payment will be posted to you.

Please let us know if you would like to receive payment via BACS or cheque.

Cheque  BACS

If you have opted for payment by BACS please provide the following details.

Account holder name

Account number

Sort code   -   -

Please be aware that the quickest method of receiving funds is by BACS payment as these are normally received within three working days of the claim being finalised. We are able to pay by cheque but this may cause delays in you receiving reimbursement of eligible claims.

As the main member under the scheme, I hereby authorise Bupa to direct payment to the bank account specified above.

Signature

Date

## NHS treatment details

If the treatment has been received under the NHS please complete the box below.  
Please refer to your guide for more information on NHS bandings

NHS Banding	Treatment band given (please tick)	Patient Charges	Treatment date(s)
Band 1	<input type="checkbox"/>	£	<input type="text"/>
Band 2	<input type="checkbox"/>	£	<input type="text"/>
Band 3	<input type="checkbox"/>	£	<input type="text"/>
<b>Total treatment cost</b>		£	

## Treating dentist

Is your dentist part of the Bupa Dental Plus Network?  
(please tick) Yes  No

Dentist's phone number

Name of dentist

Name of practice

Address

Postcode

## Treatment details

Please tick to indicate the type of treatment received and whether it was for routine and/or preventative reasons or injury/emergency.

If you are unclear about what treatment you have received you should check with your dentist. Incorrect, incomplete or inaccurate information could lead to delays in the claims process.

	Routine and restorative treatment	Emergency dental treatment	Dental injury treatment	Treatment date(s)	Total charge
DA001 Examination					£
DA002 Examination (new patient)					£
DA004 Small X-ray					£
DA005 Medium X-ray (per film)					£
DA006 Panorax-ray					£
DA023 Fissure sealants					£
DA017 Topical fluoride solution					£
DA007 Simple scale and polish (hygienist)					£
DA012 Chronic periodontal - 1 to 4 teeth					£
DA013 Chronic periodontal - 5 to 9 teeth					£
DA014 Chronic periodontal - 10 to 16 teeth					£
DA015 Chronic periodontal - 17 or more teeth					£
DB001 Amalgam - 1 surface					£
DB002 Amalgam - 2 surfaces					£
DB003 Amalgam - 3 or more surfaces					£
DB004 Composite anterior - 1 surface					£
DB005 Composite anterior - 2 surfaces or more					£
DB028 Composite posterior - 1 surface					£
DB029 Composite posterior - 2 surfaces or more					£
DB007 Root canal - single root					£
DB008 Root canal - 2 roots					£
DB009 Root canal - multiple roots					£
DC036 Dental implant (implants and abutment)					£
DB011 Extraction (per tooth)					£
DB013 Surgical extraction (flap raised)					£
DB015 Apicectomy					£
DB017 Incising of abscess					£
DC013 Inlay (per tooth)					£
DC001 Acrylic partial upper or lower denture					£
DC002 Acrylic partial upper and lower denture					£
DC003 Acrylic full upper or lower denture					£
DC004 Acrylic full upper and lower denture					£
DC005 Metal partial upper or lower denture					£
DC006 Metal partial upper and lower denture					£
DC009 Denture - addition of tooth					£
DC011 Repair denture					£
DC012 Veneer (per tooth)					£
DC013 Inlay/onlay (per tooth)					£
DC017 Adhesive bridge					£
DC018 Bridge (per unit)					£

Continued on next page

## Treatment details (continued)

	Routine and restorative treatment	Emergency dental treatment	Dental injury treatment	Treatment date(s)	Total charge
DC019	Porcelain crown				£
DC020	Full gold crown				£
DC021	Porcelain bonded to metal crown				£
DC022	Cast post and core				£
DC023	Prefabricated post and core				£
DC025	Reline denture				£
DC030	Refix or re-cement existing crown				£
DC031	Re-cement adhesive bridge				£
DC032	Re-cement any other bridge				£
DB020	Occlusal splint and mouthguards please tick from the options below				£

- Splint For Bruxist And/Or Tmj Dysfunction (Covered)  
 Mandibular Advancement Device for Obstructive Sleep Apnoea (covered)  
 Mouthguard for fluoride application (covered)  
 Fixed stabilization splint following trauma (covered)

Please note that Sports Guard and Simple Snoring appliances are not covered on your policy.

DB021	Anaesthetist (per year max)				£
DB036	*Orthodontic <input type="checkbox"/> IOTN 4 <input type="checkbox"/> IOTN 5				£
<b>Total Claim Value</b>					£

\*Orthodontic treatment is only available when it is grade 4-5 on the IOTN scale and is clinically necessary

## Dental injury details (member to complete)

**If the treatment received was a result of a dental injury, please provide full details of the cause and circumstances of the dental injury below. This section needs to be completed by the parent/guardian if the claimant is under 16.**

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## Privacy notice – in brief

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This privacy notice should be read alongside our full privacy notice. The full notice and a list of the trading companies that make up the Bupa group, can be found at [bupa.co.uk/privacy](https://bupa.co.uk/privacy). By providing your information, you consent to the use of your data and information as described in the full privacy notice and cookie policy. If we make a change to any of the ways in which we process personal information, we will update this notice on [bupa.co.uk/privacy](https://bupa.co.uk/privacy) so please check back regularly for updates. You can also email [dataprotection@bupa.com](mailto:dataprotection@bupa.com) and ask us to send you the latest version at any time.

### **Personal information**

In providing you with our services, Bupa may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust us to keep this information confidential and that is why we comply with UK data protection law and follow medical confidentiality guidelines issued by professional bodies.

### **Securing information**

We are committed to keeping your personal information secure. We have put in place physical, electronic and operational procedures intended to safeguard and secure the information we collect.

### **Information we may hold about you**

The information we hold about you may include personal and sensitive personal information. We may collect this information during contacts we have with you or with third parties who provide information about you, and from other sources including from your use of websites and other digital platforms.

### **When we collect your information**

Information about you is collected when you engage with Bupa or the Bupa group of companies either by entering into a contract with Bupa, submitting a query or enquiry, applying for a quote or policy or participating in marketing activity.

We may collect personal information about you from other people when you are named in an application form or as a dependant under a scheme, when we process an application or claim or when we obtain medical reports, or when we liaise with your family, employer, health professional or other treatment or benefit provider. You confirm that you consent to Bupa obtaining medical and billing information from your treatment provider relating to claims or complaints you may make.

### **Using your information**

We use your personal information to provide you with our services, and to improve and extend our services.

### **Sharing information**

Information about you may be shared by the companies in the Bupa group to enable us to manage our relationship with you as a Bupa customer and update and improve our records. Bupa works with other individuals and organisations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. We ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring.

You may receive Bupa private medical services where another member of your family is the main member of the scheme or services. In that case we send all membership documents and confirmation of how we have dealt with any claim you make to the main member. You may receive Bupa services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents.

### **Keeping information**

We will only keep your personal information for as long as is necessary and in accordance with UK law.

### **Keeping you informed**

The Bupa group would like to let you know more about our products and services. From time to time we might contact you (by post, email, phone or SMS text) with information we think might interest you. If you do not wish to receive marketing information, or at any time you change your mind about receiving these messages, please contact the Bupa UK Information Governance Team, their contact details can be found below.

### **Accessing information**

If you have any data protection queries, please contact the Bupa UK Information Governance team on [dataprotection@bupa.com](mailto:dataprotection@bupa.com) or write to 4 Pine Trees, Chertsey Lane, Staines-upon-Thames TW18 3DZ

You should also contact the team if you would like a copy of the personal information we hold about you and to ask us to correct or remove (where justified) any inaccurate information.

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# Claimant declaration

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**Please read the following carefully before signing the declaration.**

Prior to returning the claim form please study the membership guide and read the terms and conditions as they relate to your claim. Please note that we are not responsible for the costs of obtaining documentation in support of the claim. The information on this form will be used by us to deal with any claim. 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.

**Declaration**

I/We consent that Bupa Dental Services Limited may contact my dentist to obtain clinical records from my dentist that can be used to support this claim.

I/We declare that the information contained within this claim is true and correct to the best of my/our knowledge and belief.

I/We have not withheld any information from Bupa Dental Services Limited within my/our knowledge connected with this claim.

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Signature

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Date

D	D	M	M	Y	Y	Y	Y
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