

# Dental insurance. Claim form.



## Before you begin

**Note:** Claims can be submitted online for any preventative, restorative, emergency, and orthodontic dental treatment at: [bupa.co.uk/dental/dental-insurance/make-claim](http://bupa.co.uk/dental/dental-insurance/make-claim)

Please refer to your Membership Guide for the Table of Cover showing the maximum amount of benefits you can claim up to per person per policy year according to your level of cover as shown on your membership certificate and all general policy conditions and exclusions applicable to your policy.

Please check the **Evidence Required** on **page 5** to ensure that you have included all necessary information required.

### Contacting you in relation to your claim

We may contact you by text, email, or telephone to send updates or ask questions so we can settle your claim quickly.

If you do **not** wish to be contacted by text, email or telephone, please tick box.

## Call

For any queries about your cover please call us on **0800 237 777**.

We may record or monitor our calls.



## Post

Fill in the form and post it, along with a copy of your receipt, to:

**Bupa dental insurance,  
Bupa Place, 102 The Quays,  
Salford M50 3SP**



## Online

You can submit your claim online by visiting [bupa.co.uk/dental/dental-insurance/make-claim](http://bupa.co.uk/dental/dental-insurance/make-claim)

Excludes treatment done outside the UK, dental injury and hospital cash benefit claims which will need to be submitted to us by post.



## A. Claimant details

Bupa membership number

Title (please tick or list title if other) Mr  Mrs  Miss  Ms  Other

First name(s)  Surname

Date of birth

Address

Postcode

Telephone number

Mobile telephone number

Email address

## B. Payment details

Account holder name

Bank/building society name

Sort code    -    -

Account number

If you don't provide your bank account details, we will settle your claim by cheque to the main member.

## C. Treating dentist

Is your dentist part of the Dental Insurance Network? Yes  No  Don't know

Dentist's phone number

Name of dentist

Name of practice

Address

Postcode

## D. Dental treatment received

Please tick to indicate the type of treatment received and whether it was completed via an NHS or private dentist, provide treatment date(s) and also the amount to be claimed against each box ticked. You can find this information on the invoice you received from your dentist.

Type of treatment	Private	NHS	Treatment date(s)	Amount claimed
Routine examination				£
Virtual routine examination				£
New patient examination or specialist consultation (Note: Dental Choice only)				£
Small X-ray (bitewing)				£
Small X-ray (intra-oral)				£
Other X-rays (panoral or OPG)				£
Scale and polish (by your dentist or hygienist)				£
Filling				£
Fissure sealants				£
Topical fluoride solution				£
Simple extraction				£
Surgical extraction				£
Surgical Implant				£
Apicectomy				£
Root canal treatment				£

## D. Dental treatment received (continued)

Type of treatment	Private	NHS	Treatment date(s)	Amount claimed
Inlay/onlay				£
Veneer				£
Crown				£
Bridge				£
Repair of bridge or crown				£
Post for crown				£
Periodontal treatment				£
Upper or lower denture (partial or full)				£
Repair or relines of a denture				£
Anaesthetist fees (sedation)				£
Mouthguards				£
<b>Total Claim Value</b>				<b>£</b>

## Orthodontic treatment only

Please refer to Section 3 (orthodontic treatment) in the membership guide to understand what's covered, what's not covered and any limitations on cover.

When submitting your claim for orthodontic treatment please ensure you have provided the following documents:

Proof from your dental professional of your IOTN scale. Yes  No

The total cost of treatment including a payment schedule Yes  No

Amount claimed £

## Injury and emergency dental treatment only

If you are claiming for a dental injury or emergency dental treatment please provide full details of the cause, circumstance and the treatment completed (please continue on another sheet if required).

## Injury and emergency dental treatment only (continued)

### Dental injury

Was the injury a result of participating in a physical contact sport? Yes  No

If yes, were you wearing a mouthguard which was supplied and fitted by a dental professional? Yes  No

### Emergency dental treatment

Was the emergency dental treatment urgently required in order to alleviate pain, an inability to eat or any acute dental condition which presents an immediate and serious threat to general health? Yes  No

Was the emergency treatment pre-planned? Yes  No

Any treatment carried out at a follow-up appointment must be claimed from the Preventative and Restorative dental treatment benefit limits according to your level of cover.

Date of injury/emergency  Amount paid £

**If you are taking legal action against another party in relation to your dental claim, we may contact your solicitor to ensure that any claims payments we make are included in your legal claim against the other party. Please provide the following:**

Solicitor's name

Case reference number

Solicitor's address

Postcode

Accident date

## Hospital cash benefit claims only – This section needs to be completed by the hospital

**Certificate of in-patient stay (ie overnight stay in hospital)**  
 Only complete this section if the patient has received dental treatment as an in-patient.

Reason for hospital admission	Hospital stamp
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Admission date

Discharge date

Is the patient still an in-patient? Yes  No  Date

## E. Claimant declaration

This declaration should be completed by the patient (or claimant if the patient is under 16)  
Please read the following carefully.

Claimant name (if different to patient)

Title (please tick or list title if other) Mr  Mrs  Miss  Ms  Other

First name(s)

Surname

Bupa membership number

Date of birth

Telephone number

Mobile telephone number

Email address

Before sending us your claim form please check the policy terms and conditions in your Membership Guide. 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 suspects fraudulent activity, we may inform the person or organisation who administers or funds your Bupa services. Please note that we are not responsible for the costs of obtaining documentation in support of the claim.

## Checklist

I have fully completed:

- Section A: Claimant details
- Section B: Payment details
- Section C: Treating dentist details
- Section D: Dental treatment received

I have attached all receipts and checked they contain the following information:

- the name of the person receiving the dental treatment
- the dental practice name, address, and telephone number
- the date the dental treatment took place
- proof that the claimant has paid for the dental treatment
- details of dental treatment received including the breakdown of costs

### Declaration

I consent that Bupa may contact my dentist to obtain clinical records that can be used to support this claim.

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

I hereby authorise Bupa to direct payment to the bank account specified.

I have not withheld any relevant information from Bupa within my knowledge connected with this claim.

Submission of this claim is validation that the content is true and accurate. Date

## Privacy notice

Our privacy notice explains how we take care of your personal information and how we use it to provide your cover. A brief version of the notice can be found in your membership guide or the full version is online at [bupa.co.uk/privacy](https://bupa.co.uk/privacy)

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