



# Claim form

- 1** Fill in your personal details below.
- 2** Ask the receptionist or dentist to complete the back of this form and attach full proof of payment or alternatively attach an itemised receipt. Details of all treatments must be listed, including anaesthetic, if this was administered within your visit and shown as a separate item on your Benefit Schedule.
- 3** Submit your claim to us by **email, online or post** using the details below:

**Email:** dentalclaims@unum.co.uk  
**Online:** www.unum.co.uk/dental/members  
**Post:** Unum Dental, Milton Court, Dorking, Surrey RH4 3LZ  
**Tel:** 020 7265 7111 (calls may be recorded for training and monitoring purposes)

**Please note:**  
 Claims must be submitted within 12 months of completion of your last treatment in any course.

Reimbursement will be made according to your benefit schedule.

**We can only process claim forms that are accompanied by full proof of payment.**

All about you	
Mr Mrs Miss Dr Other:	Date of birth:
Full name:	Telephone number:
Home address:	Postcode:
Name of employer:	
Membership/policy number (if known):	
Patient details (if different from above):	
Mr Mrs Miss Dr Other:	Date of birth:
Full name:	

Payment	
If you wish to receive payment by cheque, please tick here:	
If you wish to receive payment by BACS, please tick here:	then complete the details below
Account name:	Account number:
Sort code:	Roll number (if applicable):
Email address for remittance advice:	

## Declaration - to be signed by patient (or by member if patient is under 18 years of age)

I declare that the information provided on this form is, to the best of my knowledge, true and complete and authorise Unum Dental to obtain any information relating to this claim from my dentist. I confirm that I give consent within the provisions of the applicable data protection legislation for Unum Dental and/or its agents to process my personal data, including medical information, for the purposes of administering the dental plan.

**Signed:**

**Date:**

## Your Dentist completes this page

Telephone number:

Is the treatment as a result of an accident/  
sports injury?



Treatments (charged individually)		Date of treatment	Units of treatment	Charge
<b>NHS treatment charged by band</b>	NHS Band 1			£
	NHS Band 2			£
	NHS Band 3			£
	Emergency treatment			£
<b>Examinations*</b>	Basic examination			£
	Extensive examination			£
	Full case/new patient assessment			£
<b>X-rays*</b>	Small X-ray			£
	Medium X-ray			£
	Panoral X-ray			£
<b>Scalings*</b>	Simple scaling			£
	Hygienist			£
<b>Fillings</b>	Silver filling - 1 surface			£
	Silver filling - 2 surfaces			£
	Silver filling - 3 surfaces or more			£
	White filling - 1 surface			£
	White filling - 2 surfaces			£
	White filling - 3 surfaces or more			£
	Pin for filling			£
<b>Root treatments</b>	Incisor/Canine - No. of roots treated:			£
	Premolar - No. of roots treated:			£
	Molar - No. of roots treated:			£
	Apicectomy			£
<b>Extractions</b>	Extraction			£
	Surgical extraction			£
<b>Veneers and inlays</b>	Veneer**			£
	Inlay			£
<b>Crowns, bridges and implants</b>	Crown			£
	Post for crown			£
	Conventional bridge*			£
	Adhesive bridge*			£
	Re-fix, re-cement crown or bridge			£
	Implant*			£
<b>Dentures</b>	Acrylic upper or lower denture			£
	Acrylic upper and lower denture			£
	Chrome upper or lower denture			£
	Chrome upper and lower denture			£
	Repair or reline denture			£
<b>Miscellaneous</b>	Anaesthetic*			£
	Child orthodontics (insured children only)*			£
	Mouthguard (including sports guards)			£
	Emergency treatment charges*			£
	Overnight hospital stay*			£
	Personal Protective Equipment (PPE)			£
	Other treatments (please specify):			£
			<b>Total charge:</b>	£

\* Restrictions apply. Please refer to your full benefit schedule for your plan specific entitlements

\*\* Prior approval required before treatment

**Dentist's stamp**  
(required for processing)

[unum.co.uk/dental](http://unum.co.uk/dental)

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